IMPACT OF PPS ON MEDICARE PART B EXPENDITURES AND UTILIZATION ASSOCIATED WITH HOSPITAL ADMISSIONS

Final Report

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1.0 INTRODUCTION AND EXECUTIVE SUMMARY

1.1 Statement of the Problem

From the beginning of the Medicare program in 1965 hospitals were reimbursed for Medicare patients based on a retrospective cost-based system. Such a system provides little incentive for hospitals to control costs. Between FY 1967 and FY 1971 Medicare hospital benefit payments doubled. The rate of increase in hospital costs slowed somewhat with the implementation of the Economic Stabilization Program in 1971 but resumed their rapid increase when the program was terminated in 1974. TEFRA applied limits to the total operating costs of inpatient hospital services per Medicare discharge. This shifted the emphasis in Part A Medicare reimbursement from per-diem to per-case costs. Nevertheless, the system remained one of retrospective cost-based reimbursement.

The Social Security Amendments of 1983 established a prospective payment system (PPS) for reimbursing hospitals for Medicare inpatient hospital services. Under this system, a hospital is reimbursed with a pre-set lump sum per discharge based on the diagnosis-related group (DRG) into which the patient is classified. Each hospital came onto PPS with its first cost reporting period beginning on or after October 1, 1983. For the first three years of the program, the PPS payment was based on a combination of the hospital's own costs and a blend of regional and national standardized payments. Beginning with the fourth year, payments have been based entirely on national standardized amounts. Adjustments are made for urban versus rural location, indirect medical education costs, the area wage rate, unusually long or costly cases, a high proportion of dialysis patients, and a high proportion of low-income patients. Certain types of hospitals, including psychiatric and children's hospitals, and certain types of hospital units, including rehabilitation and psychiatric units in acute care hospitals, are completely exempt from the PPS program.

Under cost-based reimbursement there is little incentive for hospitals to control costs. Under PPS, however, a hospital makes a profit on a case

only if the costs of treating the patient are lower than the pre-determined Medicare payment. Consequently, PPS provides an incentive for hospitals to cut costs per discharge. There are three types of effects that PPS is expected to have on hospital care: (1) shorter lengths of stay; (2) reduction in testing and/or a shift of tests outside the hospital; and (3) avoided admissions. We can distinguish among three possible kinds of effects on Part B expenditures* and utilization:

(1) apparent increases that are due to a shift in billing from Part A to Part B. This includes the elimination of combined billing and the added number of "complete procedure" bills when x-rays and other tests are shifted from inpatient to outpatient settings.

(2) increases that represent a real growth in bills submitted but that do not represent true growth in the volume of services. This includes the substitution of ambulatory Part B physician services for services previously performed in the hospital for which Part B bills are not submitted, e.g., services provided by residents and nurses.

(3) true volume increases, that is, real growth in the absolute number of services provided.

Since the Part A hospital payments are not reduced to reflect shorter lengths of stay or shifting of services from inpatient to outpatient settings, any increases in Part B spending are a net increase in total Medicare outlays.

Impact of Shorter Stays

When patients are discharged earlier, there should be some savings in inpatient Part B dollars as fewer physician services are required, especially routine hospital visits. However, these are marginal days, and we would not expect the savings to be very large. This is especially the case for surgical admissions in which some (or all) of the routine visits are included in the surgeon's global fee (and hence never appear as Part B bills).

Shorter stays are expected to produce more frequent office and OPD visits, but the increase in these ambulatory visits should be offset by the reduced hospital visits. These visits may be more complex (as patients are

*Throughout this report, the terms "expenditures," "allowed charges," and "charges" are used interchangeably.

relatively sicker), however, and hence drive up expenditures per visit.

Shorter stays may also reduce the number of routine tests performed in the hospital, like daily lab tests, x-rays, ECGs, etc. Spending may increase even though the test has simply been moved from the inpatient to the outpatient setting. This can happen in three ways.

First, routine lab tests performed in the hospital are entirely Part A costs. Outside the hospital, they are exclusively Part B services. Our analyses exclude tests performed by independent laboratories, but we do have bills for tests performed in physicians' offices as well as all the handling fees for lab tests sent to outside labs. This will lead to an increase in both Part B volume and spending.

Second, x-rays, ECGs, and other tests may be billed as a "complete procedure" when performed in the physician's office, whereas in the hospital (and OPD) a bill is submitted for the interpretation only. There is no increase in Part B volume (number of tests or number of bills), but there will be an increase in Part B expenditures.

Third, it is possible that many inpatient routine tests are performed and interpreted by residents and that no Part B bill is submitted. It is also possible that some routine monitoring (like ECG interpretation) in the hospital is performed by nursing staff with no Part B bills submitted. Outside the hospital, however, physicians will always submit a bill (including surgeons who may not be billing for the office visit, because it is part of the global fee). In these instances, there will be an <u>apparent</u> increase in Part B volume (the "true" total number of tests has not changed) and an increase in Part B expenditures.

<u>Impact of Shifts in Testing</u>

Hospitals face an incentive to reduce the number of tests performed in the hospital (especially expensive ones), and to shift the locus of care to OPDs or physicians' offices where possible. Absolute reductions in testing will lower both Part B volume and expenditures as fewer bills are submitted for test interpretation. Simple shifts to outpatient settings may raise Part B expenditures (but not volumes), however, as bills are now submitted for the

"complete procedure". (This is true only for tests performed in the physician's office.)

Does the shift from inpatient to outpatient settings affect the total (inpatient plus outpatient) volume of tests performed? This is possible as fee-for-service incentives now hold. Physicians may perform more in-office tests in order to cover fixed equipment costs. Hospital OPDs may encourage their physicians to order more for the same reason; since OPD reimbursement remains cost-based, utilization in this setting may help offset potential inpatient losses.

Impact of Avoided Admissions

Avoided admissions refer to those cases which prior to PPS were treated on an inpatient basis but post-PPS have been treated strictly on an outpatient basis. Cataract surgery is an obvious example but one which should not increase either Part B volume or physician spending, as the surgery is still being performed. (Total Part B expenditures will rise, because of ASC facility charges and supply charges, but we have excluded these from our analyses.) Similar arguments can be made for other surgical procedures now being performed on an outpatient basis.

Avoided medical admissions are marginal admissions that prior to PPS (and the PROs) may have been partly for social reasons. They are undoubtedly less sick patients but still require some services. The question is, do these patients receive more physician services on an outpatient basis than they would have if treated in the hospital? Even if treatment remains unchanged, avoided admissions may still raise Part B expenditures for all of the reasons mentioned earlier. These patients are more likely to be billed for the "complete procedure" rather than "interpretation only", for example, and they may be billed for services that would have been provided by residents or nurses in the hospital. We can not identify avoided admissions in our data set. The cases examined here are limited to those in which the patients did receive some inpatient treatment.

Research Questions

The important policy issue is the magnitude of the decrease in inpatient Part B expenditures and increase in Part B outpatient expenditures. Has there been a net change in Part B physician spending as a result? This report explores this question for hospital episodes using Part B physician claims data from four states for 1983-1986. Non-physician claims, such as ambulance services and durable medical equipment, are not included in the study. The specific research questions investigated are the following:

- What has been the trend in length of stay by DRG?
- What have been the trends in inpatient versus outpatient Part B expenditures per hospital episode by DRG? What are the trends by type of service?
- How have Part B expenditures per hospital episode changed over this time period by DRG? For which types of services have expenditures changed the most?
- Can we isolate and measure the impact of PPS on length of stay, inpatient expenditures, outpatient expenditures, and hospital episode expenditures by DRG? This requires adjustment for other factors which affect Part B expenditures and utilization including physician supply and patient demand.

These issues and many others are analyzed in the subsequent chapters. A summary of our principal findings is presented in the next Section.

1.2 Summary of Findings

The study relies on merged Part A and Part B claims for 1983 through 1986 for four states: Alabama, Connecticut, Washington, and Wisconsin. These states are representative of the four major geographic regions and all used the same procedure coding terminology (HCPCS) throughout the study years. The four-year study period includes nine months prior to the implementation of PPS which acts as our baseline period. PPS effects are measured as changes in Part B physician expenditures and utilization from this pre-PPS period to post-PPS time periods.

In order to make the data base more manageable we focus on eleven groups of DRGs which pool related DRGs that were previously separated on the basis of

age, comorbidities and complications, death, or major surgical procedure. All patients in one group have identical or clinically related diagnoses. The DRGs are pooled in this manner in an effort to eliminate case-mix changes over time. The resulting set of groups includes thirty-six DRGs.

The study investigates Part B expenditures and utilization associated with hospital admissions. In addition to exploring the admission itself, we also look at expenditures and utilization during the seven days prior to admission and the seven days following discharge; these are the outpatient periods associated with the admission. We also examine the inpatient and outpatient periods combined, termed the hospital episode. Part B expenditures and utilization which occur outside of hospital episodes are not included in the analyses.

For the descriptive analysis hospital episodes are grouped into four analytic time periods based on the patient's date of discharge from the hospital. The pre-PPS period includes all episodes prior to the inception of PPS in October 1983. Hospital episodes in each successive twelve-month period are also grouped to form three post-PPS analytic years which are referred to as PPS 1, PPS 2, and PPS 3. The same time periods are used for all hospitals. Thus, the analytic periods are not determined by the dates that the hospitals came onto PPS.

Two types of analyses are presented. The first is a detailed description of the time path of Part B expenditures and utilization associated with hospital admissions from the pre-PPS period to PPS 3. In particular, we investigate the following questions:

- Have inpatient expenditures and utilization decreased along with lengths of stay?
- Has there been a shifting of services from the inpatient to outpatient settings? If so, has the shifting been perfectly offsetting?
- Which types of services drive the changes in inpatient and outpatient expenditures?
- What has been the year-to-year time path of changes in expenditures?

The second type of analysis is a multivariate one in which factors other than PPS which affect expenditures and utilization are held constant in order to isolate the impacts of PPS. The questions addressed are:

- What is the quantitative magnitude of the effect of PPS on Part B expenditures and utilization, holding constant other factors?
- How has PPS affected inpatient versus outpatient expenditures and utilization?
- Does PPS have different effects in different time periods?

1.2.1 Descriptive Findings

In the descriptive analysis we examine inpatient, outpatient, and hospital episode expenditures and utilization by DRG to determine their time paths from pre-PPS to PPS 3.

- The average length of stay per admission falls from the pre-PPS period to PPS 3 for all but one of the thirty-six study DRGs. In striking contrast, nominal Part B inpatient expenditures per admission are higher in PPS 3 than pre-PPS for three-fourths of the DRGs.

The maximum percentage increase in inpatient spending across the DRGs is 38%. Furthermore, for the nine DRGs with declining inpatient charges, the declines are all smaller than the decreases in lengths of stay in percentage terms.

- Along with inpatient spending, outpatient expenditures associated with admissions also rise.

Pre-hospital and post-hospital expenditures per admission rise from the pre-PPS period to PPS 3 for all but one DRG and total outpatient spending associated with admissions (the sum of pre and post-hospital charges) rises for all of the study DRGs. The percentage increases are generally quite large. Pre-hospital expenditures increase by at least 50% for more than half of the DRGs and post-hospital charges increase by at least 30% for over half of the study DRGs.

- Summing inpatient and outpatient expenditures shows that hospital episode charges rise from pre-PPS to PPS 3 for all but three DRGs.

This result occurs despite the fact that inpatient spending falls for nine DRGs. For six of these nine DRGs, outpatient expenditures rise to offset the decline in inpatient charges. These overall changes mask the period-to-period decreases in episode charges which do occur. Generally, when inpatient expenditures fall from one period to the next, episode expenditures correspondingly fall. Because episode length falls while episode bills rise over the study years, episode charges per day increase. Not only do episode expenditures per day rise from pre-PPS to PPS 3 but they also rise from period to period in all but a few instances.

These trends in nominal Part B bills per admission consist of two components: trends in allowed charges and trends in the volume of services provided. There were two fee updates during the study years, in July 1983 and in May 1986 for participating physicians. In order to examine the effect of the fee updates, expenditures are deflated by an allowed charge index constructed at CHER. Because the percentage increases in nominal pre and post-hospital expenditures are so large, deflating for the fee updates has little effect. The percentage increases in nominal inpatient and episode expenditures are much smaller, so the fee updates explain more of the increases:

- Even after deflation, inpatient charges increase for half of the DRGs and episode expenditures rise for two-thirds of the DRGs. Furthermore, in those cases where real inpatient charges fall, the decrease is never as large as the fall in length of stay in percentage terms.

Disaggregating by type of service shows, first, that the number of inpatient physician contacts (the sum of visits and consults) do fall as would be expected since lengths of stay fall. Furthermore, outpatient physician contacts do rise which suggests that there may be a substitution of outpatient for inpatient physician contacts but the substitution is not nearly one-for-one:

- The number of inpatient contacts falls more than the number of outpatient contacts rises.

Examining nominal expenditures by type of service shows:

- The main type of service categories responsible for increases in inpatient expenditures are surgery, assistant surgery, and anesthesia for the surgical DRGs and for the catheterization DRGs and special tests, ICU visits, and consults for the medical DRGs.

While the increases for surgery, assistant surgery, and anesthesia can be explained by the fee updates during our study years, the increases for special tests, ICU visits, and consults are too large to be due solely to the fee updates. Apparently there have increases in inpatient volume and/or complexity for the latter types of services.

- Outpatient spending has risen from pre-PPS to PPS 3 primarily in seven categories: office visits, consults, ER visits, lab, radiology, special tests, and surgery.

Changes in expenditures for home visits, SNF visits, and anesthesia are a mixture of increases and decreases. Most of the absolute changes on the outpatient side are small, rarely exceeding $5 per admission. However, the percentage changes are generally huge, exceeding 50% in most cases.

Comparing the changes in inpatient and outpatient expenditures by type of service does provide some evidence that services associated with hospital stays have been shifted from the inpatient to outpatient settings, an expected result of PPS. In many cases, inpatient expenditures fall while outpatient spending rises. In other cases, outpatient spending rises much faster than inpatient spending in percentage terms. Nevertheless, in general the substitution is not one-for-one on a dollar basis:

- Inpatient expenditures by type of service generally fall more than outpatient expenditures rise.

1.2.2 Multivariate Findings

The descriptive analysis shows that, in most cases, nominal inpatient and outpatient expenditures rise over the study years. However, this result does not tell us the source of the increases. We do know from the descriptive findings that updates in physician fees account for some of the increases in

expenditures but we cannot determine the relative importance of the various factors that affect expenditures without performing a mulitvariate analysis. In particular, we cannot say from the descriptive results alone what the effects of PPS have been.

An ordinary least squares model is used to estimate the effect of PPS on Medicare expenditures and utilization, holding constant other factors. Equations for nine dependent variables are estimated but we concentrate our discussion on six: length of stay, number of episode physician contacts, episode expenditures, episode expenditures per day, inpatient expenditures per day, and episode expenditures on tests. PPS is measured by three variables: a dummy variable denoting discharges after the inception of the PPS program in October 1983, the number of quarters a hospital was on PPS up to the date of the patient's discharge, and the latter variable squared. This specification yields a quadratic relationship between the dependent variable and the number of quarters a hospital was on PPS, with the magnitude of the PPS effect varying by quarter.

Three types of covariates are included: measures of patient characteristics to reflect illness severity, measures of hospital characteristics, and county level variables. The regressions are estimated using the admission as the unit of observation. Separate equations are estimated for three of our DRG groups.

The results show that PPS has generally had a negative effect on the dependent variables:

- PPS is estimated to have reduced LOS, episode expenditures, episode expenditures per day, episode contacts, and episode test expenditures during every quarter of our study period that PPS was in effect.

This means that expenditures and utilization were reduced by PPS below what their levels would have been if there had been no PPS program. Apparently, factors other than PPS account for the observed increases in Part B allowed charges. We find that these negative PPS impacts grow at first and then eventually reach a peak and decline. The peak generally occurs, for the

average hospital, between the fifth and ninth quarters that the hospital was on PPS.

- We also find that PPS has increased inpatient expenditures per day for some quarters.

The latter result occurs because both inpatient charges and LOS are reduced by PPS and the net effect is positive.

The multivariate results indicate that actual LOS and episode contacts fall but they would have risen if there had not been a PPS program. We estimate that:

- PPS has generally reduced hospital episode expenditures between 10% and 20% per year and reduced lengths of stay over 15% per year relative to what they would have been without the PPS program. The effects of PPS on episode expenditures per day and inpatient expenditures per day are generally under 10%.

The covariates generally behave as expected with some exceptions. In interpreting the regression results for the control variables it is important to keep in mind that they tend to be highly correlated with one another which may lead to coefficient estimates that are statistically insignificant or have unexpected signs. In addition, we estimate regressions for specific DRG groups and a covariate may have different effects on the treatment of patients with different medical conditions.

1.3 Overview of the Report

This report includes three additional chapters. Chapter 2 gives a review of literature on prospective payment systems and geographic variations in physician practice patterns. This chapter also describes the research design, the claims data, file construction, and secondary data sources. Descriptive results are presented in Chapter 3, including changes over time in expenditures and utilization. Chapter 4 includes the regression model used and all econometric analyses.

2.0 RESEARCH DESIGN AND DATA SOURCES

This chapter describes the research methodology and the data sources used for the descriptive and multivariate analyses. Section 2.1 provides a review of relevent literature on the effects of prospective payment systems and on variations in physician practice patterns. In Section 2.2 we describe changes in Medicare regulations, other than PPS, which affect our analyses. The claims data used in the study are described in Section 2.3. Section 2.4 discusses how we constructed the analytic files and Section 2.5 gives the secondary data resources used in the multivariate work.

2.1 Literature Review

2.1.1 Theoretical Models of PPS Effects

Literature providing a theoretical foundation of PPS effects on physician practice patterns is scarce but we summarize two papers here.

Gaumer and Kashyap (1986) present a theoretical model of physician and hospital behavior which they use to derive several hypotheses about the effects of PPS on physician practice patterns. In their model the physician is assumed to maximize his utility or profits which are the difference between the compensation he receives for his services and the costs of providing those services. Physician services are divided into four types: inpatient hospital, outpatient hospital, aftercare or post-discharge, and office. The hospital maximizes profits which are the difference between the hospital's revenues and costs. Hospital revenues depend on the levels of its inpatient and outpatient services which are used by physicians and the reimbursement scheme for Medicare patients. The hospital is able to induce physicians to use the levels of inpatient and outpatient services which maximize the hospital's profits by setting the prices implicitly charged to physicians for using the hospital's services. These implicit prices include filling out forms, attending meetings, looking for a parking place, etc.

Under a cost-based reimbursement scheme the hospital's revenues increase along with costs so the hospital provides a large level of services. Under PPS, however, any resources used after a patient has been admitted add nothing to revenues but do add to costs. In order to maximize profits, the hospital minimizes the costs of caring for a patient subject to the constraint that it provides some minimum level of quality. Consequently, for most DRGs the level of services which hospitals desire to provide will be lower under PPS than under cost-based reimbursement. In response to PPS, the hospital is expected to raise the implicit prices it charges physicians in a way which will cause the physician to reduce the use of hospital resources to the desired levels. Thus, the model leads to a number of hypotheses about physician practice patterns. First, the paradoxical observation that hospital admissions have fallen since the introduction of PPS can be explained. When the hospital raises the price paid by the physician for inpatient services, the physician will maximize his profits by treating the less severely ill patients in an outpatient setting. Second, the increased price of inpatient resources leads to a fall in resource usage. Third, in the long-run each hospital is expected to specialize in those DRGs which are most profitable for it.

Custer, et al., (1986) provide another model of the impact of PPS on physician practice patterns and perform some empirical tests of their model. As in the Gaumer and Kashyap model, Custer, et al., assume that physicians and hospitals maximize their respective profits. However, here the price of hospital resources to the physician is not included. When the reimbursement system is switched from cost-based to PPS in this model, the hospital reduces its inputs because marginal cost is now greater than marginal revenue. The physician is affected by the reduction of hospital inputs through a production function for health care which depends on both hospital and physician inputs. The physician's income is a function of the amount of health care produced which decreases when hospital inputs fall. The physician's response depends on whether hospital and physician inputs are substitutes or complements: physicians will increase the amounts of their substitutable inputs and decrease the amounts of their complementary inputs. The Custer model also

leads to the hypotheses that hospital profits will be higher under PPS while the amount of health care produced and physician incomes will be lower. In an expanded version of the model, PPS causes hospitals to increase the intensity of their inpatient services which in turn causes physicians to increase the intensity of inpatient physician services. Both effects reduce lengths of stay. Admissions can either rise or fall depending on the extent to which any increase in physician inputs offsets the reduction in hospital inputs from PPS. Using multivariate regression techniques, Custer, et al., find support for their hypotheses that physican incomes and health care output fell as a result of PPS. Empirical tests of the other implications of the model are not provided.

2.1.2 Empirical Studies

Several studies have documented the geographical variation in physician practice patterns. Using data from the Medicare administrative record-keeping system, Marian Gornick (1982) reports on the regional variations in treatment of Medicare patients. These data show large differences between and within regions in discharge rates and lengths of stay: the Northeast has the highest average length of stay and the lowest discharge rate; the South has the highest discharge rate but a low average length of stay; the West has the lowest average length of stay and a low discharge rate; and the North Central has a high discharge rate and a high average length of stay. After adjusting for age, sex, and race the author concludes that the differences between the regions reflect some underlying factors such as population density and regional and local traditions in medical practices rather than the casemix of the region.

In studying the variations in medical care among small areas Wennberg and Gittelsohn (1982) find that most differences can be attributed to varying physician behavior. The authors look at a number of surgical procedures for six states in New England. The number of procedures differs widely in the areas compared although the health and other demographic factors do not vary

much. Another finding is that patients are more likely to be admitted to the hospital and have surgery if that area has a greater number of beds and surgeons. However, the variations are not attributed to the supply of resources alone. The crucial factors appear to be the system of medical care in the community and the practice styles of the local physicians.

The Gornick and Wennberg and Gittelsohn articles indicate the importance of including different geographical areas in our analysis. Not only are there historical differences in physician pratice patterns but PPS may have different effects depending on the pre-PPS practice patterns in an area.

A number of researchers have investigated the effects on physician practice patterns of a DRG-based system for reimbursing hospitals for inpatient care. Rosenbach and Cromwell (1985) summarize data obtained from HCFA's 1984 Physician Practice Cost and Income Survey of 4729 physicians. Physicians were asked if they had been encouraged by their hospitals to alter their inpatient practices and if they attributed this to PPS. Whether or not physicians actually changed their practice patterns in response to hospital pressure is not studied. Physicians are divided into two groups: hospital-based including radiologists, anesthesiologists, and pathologists (RAPs) and all other specialties (non-RAPs). Among the RAPs 89 percent stated that they had been encouraged to alter their inpatient practices by conducting fewer procedures, limiting the use of expensive diagnostic testing, or testing on an outpatient basis. Over 80 percent of the RAPs reporting pressure to alter their practices attributed this pressure to PPS. Among non-RAPs 83 percent reported pressure to change their inpatient practice patterns, primarily in the mix of services provided rather than in the mix of patients treated. Among the non-RAPs, 78 percent said there was pressure to discharge patients sooner and 45 percent were encouraged to reduce the number of lab tests or X-rays usually ordered for inpatients. Fewer than one-quarter of the non-RAPS reported being urged to increase the number of patients admitted, alter the number of Medicare patients admitted, or admit more patients with certain diagnoses. Of the non-RAPs who felt pressure to alter their inpatient practices 79 percent cited PPS as the reason for the pressure. Stratifying by

physician characteristics shows that physicians with larger Medicare caseloads, those not on hospital salary, and self-employed non-RAPs felt a greater incidence of pressure to alter inpatient practices. Small or no differences in the percentage of physicians reporting encouragement to alter their practices is found for a number of factors: urban versus rural location, teaching status, hospital ownership, hospital occupancy, average Medicare length of stay, and hospital dependence on Medicare patients.

Guterman and Dobson (1986) describe the impact PPS had on payers, providers, and consumers after the first year of operation. Although the data are limited, the authors are able to observe some important changes within the affected hospitals. The most unexpected result noticed is the decrease in hospital admissions. The rate of Medicare admissions steadily rises during the calendar years of 1978 to 1981 and the initiation of PPS was expected to encourage hospitals to further increase admissions. However, in fiscal years 1982 and 1983, the rate of increase declines. Furthermore, in fiscal year 1984 there is a surprising decrease in admissions of -1.7 percent. A second observation deals with length of stay. Although length of stay had been declining during the fifteen-year period before PPS, fiscal year 1983 shows the largest drop since 1973. The largest percentage decline since Medicare was initiated had been less than 4 percent. However, after PPS this rate rises to a 9 percent decrease in 1984.

Russell and Manning (1989) estimate the savings to the Medicare program resulting from PPS. Their methodology is to compare projections of Medicare expenditures made by the trustees of the federal Hospital Insurance Trust Fund over the last ten years. Adjustments are made for changes in the assumptions made in the different reports about inflation and the number of hospital admissions. No multivariate analyses are performed to control for factors other than PPS that affect Medicare payments. They find that expenditures from the Hospital Insurance Trust Fund are expected to be $18 billion less in 1990 than was expected before PPS was implemented, a 20 percent savings. They also find that PPS has not had much effect on Part B payments.

Mitchell, Wedig, and Cromwell (1988) study the impact of the physician fee freeze which was in effect from July 1984 to January 1987 and obtain some results on PPS effects as a by-product. They use the same data base used here (described more fully in Section 2.3) which consists of Part B claims data for four states from 1983 through 1986. During this study period the authors observe a dramatic shift of physician services from the hospital to outpatient settings, a trend attributed to PPS. While two-thirds of the physician dollar were spent in the hospital in 1983 this proportion falls to under one-half by 1986. The authors perform multivariate analyses in an effort to separate the impacts on Part B spending of a variety of factors. They find that declining hospital utilization, which is at least partly due to PPS, has an initial negative and then longer-run positive impact on Part B quantities.

There are studies which have investigated the effects of the New Jersey DRG-based prospective payment system on physician practice patterns. This system was instituted in 1980 and applies to all patients, not just Medicare patients. DRG payments are based on a combination of the hospital's own historical costs and the costs of the teaching group to which it belongs with adjustments for outliers. Capital expenses and uncompensated care costs are reimbursed on a reasonable cost basis. While not exactly like Medicare's PPS, the studies on the New Jersey DRG system are indicative of the kinds of effects resulting from a DRG payment plan.

Hsiao and Dunn (1985) provide descriptive statistics on the trends in hospital costs, length of stay, and admission rates in New Jersey from 1971 to 1983. They find that costs per admission and length of stay fall after the introduction of the DRG system while admission rates rise. These results are supported by regressions of these three variables on a time trend and a dummy variable denoting introduction of the DRG plan. In all three equations, the DRG variable is statistically significant.

Hsiao, et al., (1986) interviewed hospital administrators in New Jersey to obtain their responses to the New Jersey DRG system. While the administrators did attempt to reduce length of stay and increase admissions, cutting physician services was not a common response. The explanation offered

was that most hospitals' budgets were not severely affected by the implementation of the DRG system. In addition, it was found that the largest money-losing physicians were those treating special cases, such as the most severe cases or cases requiring new and expensive equipment, so that areas for physician cost-cutting were not apparent.

Rosko and Broyles (1986) estimate equations for total hospital expenditures per admission, expenditures per patient day, average length of stay, and admissions per year for 84 New Jersey hospitals from 1979 to 1982. These four dependent variables are regressed in turn on per capita income, proportion of the county population with Medicare coverage, proportion of the county population eligible for AFDC, population density, proportion of the physicians who are specialists, dummy variables for major and other teaching hospitals, a time trend, dummy variables to represent when the hospital entered the DRG system, and a dummy variable to indicate participation in the DRG system. The results show that the DRG system reduces expenditures per admission and length of stay, increases admissions per year, and has no effect on expenditures per day. The latter result indicates that the effects on expenditures per admission and length of stay offset one another.

2.2 Changes in Medicare Regulations

This project seeks to measure changes in physician practice patterns in response to PPS. Measurement is complicated, however, by the absence of a true control group, as well as by concurrent changes in Medicare regulations that directly or indirectly affect physicians. Because Medicare is a national program, there obviously is no control group of hospitals that are treating Medicare patients but which are not subject to PPS. It is thus difficult to know whether any observed changes in inpatient or outpatient expenditures are an explicit response to PPS or simply a secular time trend or the result of other changes in Medicare regulations.

During our study years a number of changes took place in the way Medicare pays physicians. These include: (1) ongoing procedure code

conversion by carriers to a uniform coding system, HCPCS; (2) a freeze on physician fees; and (3) implementation of the direct billing requirement for laboratory services. Each one of these is expected to affect dependent variables of interest and will confound measurement of physician responses to PPS. We briefly describe each of these policy changes below and discuss their hypothesized impact on physician behavior.

2.2.1 HCPCS Conversion

Historically, each Medicare carrier has maintained its own medical procedural coding terminology. Although many of these coding systems have common roots (e.g. in CRVS, National Blue Shield, etc.), they have evolved over time in response to local area practice patterns and to technology growth. As a result, there is wide variation in the absolute number of procedure codes used by carriers and in the level of detail they represent. This obviously makes cross-carrier comparisons difficult, and HCFA has now required that all carriers adopt a uniform coding system. This uniform system is known as HCPCS and is a slightly modified version of CPT-4, the coding terminology developed by the American Medical Association. Unfortunately, most carriers had not yet adopted HCPCS by the start of PPS in October 1983.

Many of our analyses are not dependent on specific procedure codes but are based on dollars or on more aggregate levels of service, e.g. total Part B dollars, etc. In other analyses, however, we are interested in capturing more subtle (but equally important) physician responses, particularly changes in expenditures for specific types of physician services. These responses can only be measured if the coding system has remained constant over our study period.

Conversion to HCPCS, however, has been undertaken at different times by the carriers. This means that it was possible to identify carriers who had already converted to HCPCS by the time our study period began.

2.2.2 Physician Fee Freeze

The Deficit Reduction Act (DEFRA) froze Medicare customary and prevailing charges for a 15-month period from July 1, 1984 to September 30, 1985. Actual charges were also frozen for physicians who did not sign the participation agreement. The fee freeze was extended in fiscal year 1986. Non-participating physicians were subject to the freeze through December 1986 while participating physicians received a fee increase in May 1986.

There are several possible outcomes of a physician fee freeze. In the simplest model, a fee freeze in the Medicare market would lower the payments for Medicare patients relative to growing reimbursements for non-Medicare patients. Physicians would respond to the lower relative fees for Medicare patients by reducing volumes in the Medicare market. Frozen fees and reduced volumes would combine to produce declining Medicare expenditures.

In a more complicated model, physicians might have a target real income. In the face of inflation and frozen fees, physicians would increase the volume of services provided in order to maintain the target real income level.

A number of non-standard models might also apply. Physicians might engage in upcoding, the increase in the complexity of the services performed. Or they might attempt to increase the demand for their services as the demand inducement model suggests. In either of these models physicians would counteract the negative effects of the fee freeze on Medicare expenditures.

Finally, several time paths of responses to the fee freeze are plausible. In the simplest model described above, physicians would respond to Medicare fees relative to non-Medicare fees. Since relative fees would decline slowly over time, physicians would decrease volumes slowly over time. This model can be expanded to allow physicians to anticipate relative Medicare fee declines and consequently decrease volumes more in the beginning of the program. The nonstandard models can allow for physicians to increase volumes slowly as their real incomes decline. It is also possible for physicians to respond at first in the standard way by decreasing volumes and then to engage in upcoding and/or demand inducement as the program continues.

It is expected that the fee freeze had a smaller effect on admitted patients like the ones studied here than on the entire population of Medicare beneficiaries. There is likely to be less discretion in the treatment of patients who are ill enough to be admitted to the hospital than in the provision of physician services to less severely ill patients. This may be particularly true of surgical cases for whom a certain number of tests and visits would necessarily be provided. Nevertheless, the fee freeze is a confounding factor in interpreting responses to PPS. While the volume effects of the freeze cannot be held constant in the descriptive analyses, we do include a measure of the freeze in the multivariate work in an effort to separate the effects of the freeze and PPS.

2.2.3 Changes in Laboratory Service Billing

The direct billing policy for laboratory services was implemented at the same time as the fee freeze. This regulation prevents physicians from billing for any lab tests they do not personally provide in their office. Since physicians are now limited to a simple handling charge, we would expect the volume of lab services provided by physicians to fall.*

Over the long run, Part B spending for physician-provided lab tests will almost certainly increase for two reasons. First, the greater sophistication of office testing equipment combined with reimbursement changes has encouraged more physicians to establish or upgrade office laboratories. Second, routine lab tests performed in the hospital are entirely Part A costs. Outside the hospital, they are exclusively Part B services. Thus, PPS incentives to shorten stays and perform pre-admission testing are apt to increase Part B expenditures on lab tests.

*Total lab volume may be unaffected, as these tests are now billed directly by independent laboratories, but we excluded these facilities from our analysis.

2.3 Claims Data

2.3.1 Data Sources

The study relies on merged Part A and Part B claims data for 1983 through 1986 for four states: Alabama, Connecticut, Washington, and Wisconsin. This time period includes nine months prior to the implementation of PPS which acts as our baseline period. PPS effects are measured as changes in expenditures and utilization from this pre-PPS period to post-PPS time periods. The study years also include eighteen months prior to the start of the physician fee freeze.

Raw Part B claims data were obtained directly from the carriers for each of the four years in our time-series. Over forty million claims were received for each year. All non-physician providers such as independent laboratories and all non-physician services such as injections and durable medical equipment are excluded.

Part A claims were obtained from HCFA. All Part A claims are available for all four states from 1984 through 1986 and for Washington for 1983. For Alabama, Connecticut, and Wisconsin a 20 percent sample of Part A claims is available for 1983. In our analyses we use a 20 percent sample for the 1983 Washington data as well so that the 1983 data are not be too heavily weighted with Washington claims.

2.3.2 Selection of Study States

Ten carriers had converted to HCPCS by the end of 1983. These carriers (listed in Table 2-1) formed the pool from which we selected our study states. The following criteria were used for state selection:

(1) The four major census regions should be represented. Many studies have shown dramatic geographic variation in physician practice patterns.

TABLE 2-1

CHARACTERISTICS OF PART B CARRIERS ON HCPCS IN 1983

	Patient Care MDs per 1,000 population	Assignment Rate (percent of charges)	Participation Rate (percent of MDs)	Urban (percent of population)
North East				
Connecticut	2.43	31.2%	23.3%	88.3%
North Central				
Indiana	1.32	25.0	19.4	69.8
Minnesota (rural counties only)	0.88	29.5	18.0	0.0
North Dakota	1.49	33.2	15.0	35.9
South Dakota	1.23	19.8	10.7	15.9
Wisconsin	1.59	35.6	34.7	66.8
South				
Alabama	1.31	60.1	53.9	62.0
Arkansas	1.28	52.2	44.6	39.1
South Carolina	1.36	61.1	48.0	59.7
West				
Washington	1.79	34.2	27.2	80.4

(2) Very small states should be excluded. Small (low population) states have few physicians in many specialties and are probably atypical in other ways. Earlier work with South Carolina claims data, for example, found 17 thoracic surgeons performed all of the CABG surgery; as a result, there was virtually no variation in submitted or allowed charges.

(3) Each carrier should represent areas with varying levels of physician density. Physician behavior is hypothesized to vary substantially in response to competitive pressures. This natural variation will be constrained for carriers who serve mostly, or wholly, rural areas.

(4) They should represent a range of assignment and participation rates. Historically, there have been consistent and largely unexplained inter-state differences in assignment and participation rates.

Table 2-1 compares the carriers along these dimensions. Size alone rules out a number of carriers, e.g., South Carolina, the two Dakotas, and (rural) Minnesota. Using the above criteria, we selected four carriers for inclusion in the study: Connecticut General (CIGNA)*, Blue Shield of Alabama, Washington Physicians' Service, and Wisconsin Physicians' Service. Four carriers permitted representation of the four major census regions while limiting data acquisition and processing costs. Each carrier serves the entire Medicare population in their respective states. Alabama has one of the highest participation rates in the country (54 percent, based on the original October 1984 sign-up period), while Connecticut's rate of 23 percent is well below the national average of 30 percent. Washington physicians signed up at rates somewhat below that for U.S. physicians as a whole (27 percent), while Wisconsin physicians were somewhat above average (35 percent). The relative supply of patient care physicians ranged from 1.31 per 1,000 population in Alabama to 2.43 in Connecticut.

2.3.3 Selection of DRG Groups

In order to make the data base more manageable we focus on eleven groups, or clusters, of DRGs rather than including all DRGs in the analyses. The eleven groups and their component DRGs are given in Table 2-2. The DRG

*Midway through our time-series, Travelers Insurance Company became the carrier for Connecticut.

TABLE 2-2

DRG GROUPS

Group	DRG	DRG Definition
1. Prostatectomy	306	Prostatectomy Age > 69 and/or CC
	307	Prostatectomy Age < 70 w/o CC
	336	Transurethral Prostatectomy Age > 69 and/or CC
	337	Transurethral Prostatectomy Age < 70 w/o CC
2. Coronary Artery Disease	106	Coronary Bypass w Cardiac Catheterization
	107	Coronary Bypass w/o Cardiac Catheterization
	124	Circulatory Disorders except AMI, w Cardiac Catheterization and Complex Diagnosis
	125	Circulatory Disorders except AMI, w Cardiac Catheterization w/o Complex Diagnosis
	132	Atherosclerosis Age > 69 and/or CC
	133	Atherosclerosis Age < 70 w/o CC
	140	Angina Pectoris
3. Stroke	14	Specific Cerebrovascular Disorders except TIA
	15	Transient Ischemic Attack and Precerebral Occlusions
4. Lung Cancer	82	Respiratory Neoplasms
	410	Chemotherapy (with secondary diagnosis of lung cancer)
	411	History of Malignancy w/o Endoscopy (with secondary diagnosis of lung cancer)
	412	History of Malignancy w Endoscopy (with secondary diagnosis of lung cancer)
5. Major Joint Procedures	209	Major Joint and Limb Reattatchment Procedures
	471	Bilateral or Multiple Major Joint Procedures of Lower Extremity
6 Pacemaker/ Arrhythmia	115	Permanent Cardiac Pacemaker Implant w AMI, Heart Failure or Shock
	116	Permanent Cardiac Pacemaker Implant w/o AMI, Heart Failure, or Shock
	117	Cardiac Pacemaker Replacement and Revision except Pulse Generator Replacement
	118	Cardiac Pacemaker Pulse Generator Replacement
7. Pneumonia	89	Simple Pneumonia and Pleurisy Age > 69 and/or CC
	90	Simple Pneumonia and Pleurisy Age < 70 w/o CC
8. GI Hemmorhage	174	GI Hemmorhage Age > 69 and/or CC
	175	GI Hemmorhage Age < 70 w/o CC
9. Miscellaneous Digestive	182	Esophagitis, Gastroenteritis, and Miscellaneous Digestive Disorders Age > 69 and/or CC
	183	Esophagitis, Gastroenteritis, and Miscellaneous Digestive Disorders Age < 70 w/o CC
10. AMI	121	Circulatory Disorders w/ AMI and C.V. Complications Discharged Alive
	122	Circulatory Disorders w/o AMI and C.V. Complications Discharged Alive
	123	Circulatory Disorders w AMI, Expired
	129	Cardiac Arrest, Unexplained
11. Cholecystectomy	195	Total Cholecystectomy w C.D.E. Age > 69 and/or CC
	196	Total Cholecystectomy w C.D.E. Age < 70 w/o CC
	197	Total Cholecystectomy w/o C.D.E. Age > 69 and/or CC
	198	Total Cholecystectomy w/o C.D.E. Age < 70 w/o CC

groups pool related DRGs that were previously separated on the basis of age, comorbidities and complications, death, or major surgical procedure. All patients in one group have identical or clinically related diagnoses. The groups were constructed with the assistance of Lisa Iezzoni, M.D.

We pool the DRGs in this manner in an effort to eliminate case-mix changes over time. The introduction of PPS is expected to have led to better coding of comorbidities and complications, so some patients prior to PPS might be classified in a clinically less severe DRG when they actually belonged in a more severe DRG. There may also have been changes over the study years in the capability or willingness of physicians to perform certain operations.

The grouping of related DRGs will not, however, control for changes over time in the severity of illness of admitted patients. Admission rates fall over the study years (discussed further in Section 3.1) and if the less severe cases are treated on an outpatient basis, the severity of inpatients will have risen. The importance of this is that more severely ill patients are likely to be provided with more physician services. Consequently, over time we may observe increases in Part B volumes and expenditures associated with an admission because the patients are sicker. This would moderate any PPS-induced reductions in inpatient charges and exacerbate PPS-induced increases in outpatient bills. While we cannot control for changes over time in illness severity in the descriptive analyses, we do attempt to include variables in the multivariate work which reflect severity of illness.

Several criteria were used to select the DRG groups. First, all of the groups include a large number of cases for analysis. All of the groups represent a medical problem common among Medicare beneficiaries. Combining the data for all four years, admissions in our eleven groups represent 24.5 percent of total admissions in the four states. Second, a mix of medical and surgical groups is included. Three of the groups, Prostatectomies, Joint Procedures, and Cholecystectomies, are strictly surgical. Two others, Coronary Artery Disease and Pacemakers/Arryhthmias, include both surgical and medical DRGs. The remaining six groups are strictly medical. Third, none of the groups contains conditions for which there were major technological

advances in treatment over the study period. Technological changes could cause changes in the patterns of treatment which are unrelated to PPS. This is the reason for not including lens procedures, one of the common Medicare procedures, in the analysis. Finally, the DRG groups reflect varying possibilities for shifting services from an inpatient to an outpatient setting, for reducing hospital length of stay, and for treating patients on an outpatient basis and thus avoiding an admission altogether.

2.4 File Construction

2.4.1 Construction of the Hospital Episode

In order to examine the shifting of physician services from inpatient to outpatient settings it is necessary to define some time period around the hospital admission within which all Part B bills will be associated with that admission. There are two conflicting considerations in defining such a time period. If too short a time period is defined, some expenditures that are related to the admission will be excluded from the analyses. On the other hand, if too long a period is defined, some bills will be associated with the admission which are in fact unrelated to it. The choice of time periods is based on the work of Mitchell, et al., (1984) who found that most of the outpatient costs related to a hospital stay occur during the week prior to admission. Consequently, we define the pre-hospital period as the week prior to admission and the post-hospital period as the week following discharge.

These periods are fixed in length which means that over time we are associating falling hospital lengths of stay with constant outpatient periods. The hospital episode length, which is the sum of the hospital length of stay and the outpatient periods, also falls over time along with the length of stay. This implies that our episode expenditure and utilization measures are associated with shorter periods over time. Thus, in our descriptive analyses we are likely to understate any increase and overstate any decreases in expenditures and utilization which occurred.

A hospital episode is constructed at the admission level. A hospital episode is constructed for each admission between 1983 and 1986 in our four states. Recall that we have data for a 20 percent sample of admissions for 1983 and for 100 percent of admissions for 1984, 1985, and 1986. For each admission, the Part A bill is merged with all Part B bills dated from seven days prior to admission to seven days after discharge.

All analyses in this study are done at the level of the individual hospital episode. Results are given separately for the inpatient, pre-hospital, and post-hospital periods and for the these three periods combined.

2.4.2 Analytic Time Periods

Hospital episodes are grouped into four time periods. The pre-PPS period includes all hospital episodes for which discharge from the hospital occurs during the first nine months of 1983; this is the baseline period. The second period includes all episodes with discharge dates from October 1, 1983, through September 30, 1984. This is the first year of PPS and is referred to hereafter as PPS 1. The third period includes all episodes with discharge dates from October 1, 1984, through September 30, 1985, and thus is the second year of PPS or PPS 2. The fourth period includes all episodes with discharge dates between October 1, 1985, and September 30, 1986, the third year of PPS or PPS 3. All episodes are grouped based on the discharge date of the hospital stay because this is how PPS was applied to admissions when hospitals first came onto the program. Any hospital stays which began in one calendar year and ended in the following calendar year were eliminated from the files in the interest of simplifying the file creation. This gives us a time series of one period prior to PPS and three time periods after the start of PPS to track the time path of Medicare expenditures and utilization associated with hospital stays.

2.4.3 Definition of Physician Service Categories

Although HCFA has a standard set of "type of service" groupings that it uses, these definitions are not uniformly shared by carriers. In order to have comparable definitions across carriers and over time, we developed our own categories based on procedure codes. Table 2-3 lists our type of service categories and gives the corresponding HCPCS codes. They are generally similar to those used by HCFA except that we have added the category "special tests" which includes ECGs, cardiac stress tests, pulmonary function tests, and many other special services and procedures located in the 90000 series of HCPCS. Individual carriers commonly assign these tests to any one of three different categories (medical care, radiology, or laboratory); analysis of spending increases by type of service using carrier definitions thus could lead to highly erroneous estimates.

Among the visit categories, hospital visits and ICU visits pertain only to the inpatient setting while the rest of the visit categories apply only to the outpatient periods. All of the other categories are relevant to both the inpatient and outpatient periods. A Part B claim is applied to the inpatient, pre-hospital, or post-hospital period based on the date of service. If the date falls within the admission through discharge period, the claim is applied to the inpatient periods. Claims with dates of service on any of the seven days prior to the admission date are pre-hospital services and claims with dates of service on any of the seven days after the discharge date are post-hospital services.

In addition to having service categories for laboratory, radiology, and special tests, information for subcategories of these are also retained. The laboratory subcategory is surgical pathology. Four radiology subcategories are included: CAT scans, magnetic resonance imaging (MRI), radiation therapy, and ultrasound. Information on three special test subcategories is also retained: echocardiography, doppler peripheral flow studies, and selected cardiac tests.

TABLE 2-3

DEFINITIONS OF TYPE OF SERVICE CATEGORIES

Category	Procedures Codes
Hospital Visits	90200-90292
ICU Visits	99160-99174
Office Visits	90000-90080
Home Visits	90100-90170
SNF/NH Visits	90300-90470, M0030, M0040
ER Visits	90500-90570
Consults	90600-90654, 80500-80502
Surgery	20000-69999, T series, 93501-93549, M0900, M0902
Assistant Surgery	Type of Service = assistant surgery
Anesthesia	Type of service = anesthesia, 99100-99002
Laboratory	80000-89999, P series, 99000-99002
Radiology	70000 and R series except echocardiography and doppler
Special Tests	91000-91299, 92018-93320, 93561-93796, 93850-97799, 76620-76632, 76900-76920, M0399-M0590, M0800-M0899, R6000-R6015, M0299
Surgical Pathology	88300-88399
CAT Scans	70450-70492, 71250-71270, 72125-72133, 72192-72194, 73200-73202, 73700-73702, 74150-74170, 76350-76375, 72145
MRI	70540, 70551, 71550, 73270, 72140, 74181, 73220, 75552, 76400
Ultrasound	76640-76880, 76500, 76506, 76511-76529, 76530, 76535, 76601, 76604, 76925-76999
Radiation Therapy	77299-77799, 79000-79999
Echocardiography	76620-76632
Doppler	93850-93950, 76900-76920, R6000
Selected Cardiac	93000-93277, 93791-93796
Catheterizations	93501-93503, 93510-93528, 93541-93545, 93546-93549

2.4.4 Data Cleaning

Several problems were discovered in the claims data which necessitated cleaning prior to performing any analyses. One problem was that some patients were incorrectly classified into DRGs on the Part A claims. We discovered that some patients classified by the hospital into medical DRGs had Part B bills submitted for major surgical procedures which should have led to their being classified into surgical DRGs. We made the assumption that the Part B bills were correct because we feel that physicians accurately submit claims for the services that they perform. Patients were reclassified into the appropriate surgical DRG if they were originally in a medical DRG in the same MDC. Any patients who had a bill for a surgery in a different MDC was deleted from our analysis; for such patients more information than is given on the claims would be needed to accurately determine the correct DRG.

Several of the DRG groups were also cleaned separately. For Prostatectomies patients classified in DRGs 336 or 337 who had Part B bills submitted for non-transurethral prostatectomies were deleted from the analyses. For Cholecystectomy patients were moved to DRGs 195 or 196 (depending on age and comorbidities and complications) from DRGs 197 and 198 if they had Part B bills submitted for cholecystectomies with common duct exploration. A number of cleaning procedures were performed on Groups 2, 6, and 10. Patients were reclassified into the appropriate CABG or pacemaker DRG if a Part B bill was submitted for one of these surgeries (CABGs take precedence in the DRG grouping scheme over pacemakers). If no CABG or pacemaker bill was submitted, patients were reclassified into an AMI DRG (121, 122, or 123) or into a catheterization DRG (124 or 125) if a Part B bill was submitted for a catheterization and the Part A claim listed the appropriate diagnoses and discharge status.

A second data problem was in claims dated during the pre-hospital or post-hospital period. For DRG 123 any patients who had any claims dated after the discharge date were deleted from the sample because all patients in this

DRG are supposed to have expired in the hospital. Some patients had surgeries dated during the pre-hospital period but which were also listed as having been performed in the hospital; these cases were deleted. Some patients had surgeries dated during the post-hospital period with the location listed as the hospital. If the patient died in the hospital and the surgery was emergency intubation (HCPCS code 35000) the claims dated during the post-hospital period were moved to the inpatient side. Otherwise the patient was deleted from the sample.

2.4.5 Sample Sizes

Table 2-4 gives the number of cases in each DRG and the distribution of cases across the DRGs in each group. The pre-PPS and PPS 1 sample sizes are artificially low because we have a 20 percent sample of claims for 1983. The table shows that the mix of DRGs within each group has often changed dramatically. For example, in the Prostactectomy group the percentage of cases in DRG 197 rose from 50.6 percent to 66.6 percent from the pre-PPS period to PPS 3 while the percentage in DRG 198 fell from 30.5 percent to 13.4 percent. In looking at related pairs of DRGs in which patients are categorized based on age, complicating conditions, or secondary surgical procedure it is generally the case that the percentage of cases in the less severe DRG has fallen while the percentage in the more severe DRG has risen. This could be due to the case-mix of patients within DRGs and/or groups tending toward greater severity of illness. However, with the introduction of PPS, hospitals have more accurately coded DRGs and particularly the more severe DRGs since higher reimbursement results. Thus, the trend toward more severe DRGs may be due to greater severity of illness, better coding practices, or a combination of the two.

2.5 Secondary Data Sources

For the multivariate analysis, a number of variables are used as control

TABLE 2-4

DISTRIBUTION OF CASES ACROSS DRGs

	NUMBER OF CASES				PERCENT OF GROUP			
Period:	Pre-PPS	PPS 1	PPS 2	PPS 3	Pre-PPS	PPS 1	PPS 2	PPS 3
Prostatectomy	**1979**	**11161**	**13754**	**14876**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
DRG 306	146	1163	1772	1306	7.4	10.4	12.9	8.8
DRG 307	30	158	210	117	1.5	1.4	1.5	.8
DRG 336	1284	8329	10200	11882	64.9	74.6	74.2	79.9
DRG 337	519	1511	1572	1571	26.2	13.5	11.4	10.6
Coronary Artery Disease	**6097**	**28195**	**34695**	**38312**	**100.0**	**100.0**	**100.0**	**100.0**
DRG 106	431	2513	3523	4472	7.1	8.9	10.2	11.7
DRG 107	368	1757	2009	2170	6.0	6.2	5.8	5.7
DRG 124	99	1860	3058	3902	1.6	6.6	8.8	10.2
DRG 125	909	3994	5686	6520	14.9	14.2	16.4	17.0
DRG 132	1756	4495	2182	1508	28.8	15.9	6.3	3.9
DRG 133	567	497	254	177	9.3	1.8	.7	.5
DRG 140	1967	13079	17983	19563	32.3	46.4	51.8	51.1
Stroke	**3955**	**22800**	**27181**	**26939**	**100.0**	**100.0**	**100.0**	**100.0**
DRG 14	2606	14716	17844	18043	65.9	64.5	65.6	67.0
DRG 15	1349	8084	9337	8896	34.1	35.5	34.4	33.0
Lung Cancer	**1348**	**6627**	**7373**	**6612**	**100.0**	**100.0**	**100.0**	**100.0**
DRG 82	1284	5612	5716	4789	95.3	84.7	77.5	72.4
DRG 410	64	1015	1657	1823	4.8	15.3	22.5	27.6
Joint Procedures	**1216**	**8713**	**11233**	**12686**	**100.0**	**100.0**	**100.0**	**100.0**
DRG 209	1216	8713	11233	12686	100.0	100.0	100.0	100.0
Pacemaker/ Arrythmia	**2789**	**15577**	**18831**	**19303**	**100.0**	**100.0**	**100.0**	**100.0**
DRG 115	51	257	238	214	1.8	1.6	1.3	1.1
DRG 116	571	2622	2960	2852	20.5	16.8	15.7	14.8
DRG 117	61	645	876	718	2.2	4.1	4.7	3.7
DRG 118	87	579	720	634	3.1	3.7	3.8	3.3
DRG 138	1543	10152	12735	13593	55.3	65.2	67.6	70.4
DRG 139	476	1322	1302	1292	17.1	8.5	6.9	6.7
Pneumonia	**2990**	**16573**	**21507**	**22995**	**100.0**	**100.0**	**100.0**	**100.0**
DRG 89	2413	15431	20366	21940	80.7	93.1	94.7	95.4
DRG 90	577	1142	1141	1055	19.3	6.9	5.3	4.6
GI Hemmorhage	**1403**	**8690**	**11028**	**10895**	**100.0**	**100.0**	**100.0**	**100.0**
DRG 174	1114	7859	10261	10180	79.4	90.4	93.0	93.4
DRG 175	289	831	767	715	20.6	9.6	7.0	6.6
Misc. Digestive	**5606**	**24026**	**21844**	**20821**	**100.0**	**100.0**	**100.0**	**100.0**
DRG 182	4122	20134	18976	18194	73.5	83.8	86.9	87.4
DRG 183	1484	3892	2868	2627	26.5	16.2	13.1	12.6
AMI	**2677**	**16388**	**20208**	**19172**	**100.0**	**100.0**	**100.0**	**100.0**
DRG 121	246	5563	7507	7563	9.2	33.9	37.1	39.4
DRG 122	1746	6862	7796	7245	65.2	41.9	38.6	37.8
DRG 123	493	3250	4109	3809	18.4	19.8	20.3	19.9
DRG 129	192	713	796	555	7.2	4.4	3.9	2.9
Cholecystectomy	**1189**	**6548**	**7646**	**8310**	**100.0**	**100.0**	**100.0**	**100.0**
DRG 195	174	1308	1497	1584	14.6	20.0	19.6	19.1
DRG 196	50	100	105	76	4.2	1.5	1.4	.9
DRG 197	602	4093	4912	5537	50.6	62.5	64.2	66.6
DRG 198	363	1047	1132	1113	30.5	16.0	14.8	13.4

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin, 1983-1986.

variables to hold constant factors other than PPS which affect Part B expenditures and utilization. Some are defined at the county level and are merged with the claims data based on the county in which the hospital is located. These data come from the March 1987 Area Resource File, HCFA, Physician Distribution and Medical Licensure in the US, Interstudy, state agencies, and the Center for Health Economics Research. Other variables are hospital characteristics which come from the American Hospital Association and Medicare Cost Reports. A complete listing of variables and their data sources is given in Chapter 4.0.

3.0 DESCRIPTIVE ANALYSIS

This chapter provides a descriptive analysis of inpatient, outpatient, and hospital episode expenditures and utilization associated with a hospital admission. We present tabular data describing the time paths of expenditures and utilization from the pre-PPS period to the third year of PPS. In particular, we address the following questions:

- Have inpatient expenditures and utilization decreased along with lengths of stay?
- Has there been a shifting of services from the inpatient to outpatient settings? If so, has the shifting been perfectly offsetting?
- Which types of services drive the changes in inpatient and outpatient expenditures?
- What has been the year-to-year time path of changes in expenditures?

Section 3.1 provides background statistics on admission rates, LOS, and inpatient days. Sections 3.2 and 3.3 present information on total Part B expenditures by year for the thirty-six DRGs in our selected DRG groups. The remainder of the chapter focuses on three DRG groups to examine expenditures and utilization changes by type of service. The analyses are done using nominal dollars. The effect of deflating expenditures for updates in physicians' fees is explored in Section 3.3. All expenditure and utilization data are presented on a per admission basis.

3.1 Background Information

3.1.1 Admission Rates, LOS, and Inpatient Days for All DRGs

This section provides some background information on all DRGs. The changes from 1983 to 1986 in admission rates, length of stay (LOS), and inpatient days for all DRGs are summarized in Table 3-1. In the four-state sample, there are declines in Medicare admission rates, average lengths of stay, and total inpatient days both overall and for medical and surgical DRGs

TABLE 3-1

CHANGES IN ADMISSIONS, LOS, AND INPATIENT DAYS FOR ALL DRGs

	ADMISSIONS/1000				LOS				INPATIENT DAYS			
	1983	1986	Change	%Change	1983	1986	Change	%Change	1983	1986	Change	%Change
All DRGs	347.4	303.4	-44.0	-12.6	9.8	8.8	-1.0	-9.8	3392.4	2672.9	-719.5	-21.2
Medical DRGs	248.1	214.5	-33.6	-13.5	9.2	8.0	-1.2	-14.0	2295.8	1706.6	-589.2	-25.7
Surgical DRGs	85.7	84.9	-0.8	-9.2	10.9	10.7	-0.2	-1.9	936.3	910.4	-25.9	-2.8
Other DRGs	13.6	4.0	-9.6	-70.4	11.7	13.8	2.1	17.6	160.2	55.8	-104.4	-65.1
Top 20 DRGs	138.7	109.1	-29.6	-21.3	9.3	8.2	-1.1	-12.0	1287.3	890.8	-396.5	-30.8

Source: Medicare Part B claims for Alabama, Connecticut, Washington and Wisconsin.

as groups. Overall admission rates decrease by 44.0 per 1,000 (12.6 percent) and total inpatient days decrease by 719.7 days per 1,000 (21.2 percent).

Surgical DRGs account for a greater proportion of admissions in 1986 than in 1983 (28.0 percent vs. 24.7 percent), while the proportion in medical DRGs falls slightly: 71.4 percent in 1983 and 70.7 percent in 1986. (There is a small and decreasing number of admissions in DRGs 468-470, which are grouped as "other" rather than as medical or surgical.)

Medical inpatient days decline by 589.2 days per 1,000, accounting for 81.9 percent of the total decrease in inpatient days of 719.7 per 1,000. Surgical inpatient days fall by only 25.9 days per 1,000, or 3.6 percent of the total decrease in inpatient days. (DRGs 468-470 account for the remaining 14.5 percent of the total decrease).

The average length of stay for all admissions falls from 9.8 to 8.8 days between 1983 and 1986. The decrease in LOS is greater for medical admissions than for surgical. Medical stays decrease from 9.2 to 8.0 days (13 percent decrease), while surgical stays decline from 10.9 to 10.7 days (2 percent decrease).

The 20 DRGs with the largest admissions in 1983 account for 39.9 percent of all Medicare admissions in 1983 and 34.4 percent in 1986. The average length of stay for all admissions in these 20 DRGs decreases from 9.3 to 8.2 days. Had the Medicare casemix remained constant between 1983 and 1986, the LOS would have decreased to 8.0 days (case-mix adjusted LOS). Conversely, had LOS remained constant within each DRG, the LOS across the 20 DRGs would have <u>increased</u> to 10.9 days. These data imply that the major component of the decrease in average length of stay between 1983 and 1986 was a significant decrease in DRG-specific LOS; this decrease was tempered by a slight shift in casemix toward DRGs with longer lengths of stay.

There is another interesting finding regarding casemix. There are many pairs of DRGs in which the principal diagnosis is identical; however, in one DRG the patient is classified as "over 69 and/or having a complication and/or comorbidity"; the other DRG includes only younger patients without complications or comorbidities. In 1983, patients in the "older and/or

sicker" DRGs comprise 29.1 percent of Medicare admissions in these DRG pairs; by 1986, "older and/or sicker" patients had decreased to 5.1 percent of admissions in these DRGs, despite a 12.6 percent decrease in the Medicare admission rate.

3.1.2 Admission Rates and LOS for the Study DRGs

Table 3-2 shows that the admission rate for our study DRGs has also fallen over the study years, although not continuously. The admission rate falls from 10.2 per 100 pre-PPS to 9.2 per 100 in PPS 2 and then rises to 9.6 per 100 in PPS 3. However, the admission rate does not fall for every DRG group. The admission rate is lower in PPS 3 than pre-PPS only for the Coronary Artery Disease, Stroke, Lung Cancer, and Miscellaneous Digestive groups.

The table shows that the admission rate for the surgical DRGs rises while the admission rate for the medical DRGs falls. This coincides with the result for all DRGs discussed in Section 3.1.1 and indicates that avoided admissions, patients being treated as outpatients who would formerly have been treated in the hospital, occur mainly in medical cases.

We also find that the admission rate in the more severe DRGs, those defined for patients over 69 and/or with complications or comorbidities, rises while the admission rate for the less severe DRGs falls. This does not coincide with the finding for all DRGs in Section 3.1.1. Apparently the trend toward higher admissions in the more severe DRGs in our groups is not representative of total admissions. The trend toward the more severe DRGs could indicate that the less severe cases within a diagnosis are being treated as outpatients so that the severity of admitted cases is rising over time. However, it is also possible that the increasing proportion of cases in the more severe DRGs is due to more precise coding practices which more accurately account for complicating conditions and/or the specific surgical procedures performed, an expected result of PPS.

TABLE 3-2

ADMISSION RATES PER 100 FOR THE STUDY DRGs

Period:	Pre-PPS	PPS1	PPS2	PPS3
All DRGs	10.2	9.9	9.2	9.6
Prostatectomy	.65	.67	.65	.71
Coronary Artery Disease	1.99	1.70	1.64	1.82
Stroke	1.29	1.37	1.28	1.28
Lung Cancer	.44	.40	.35	.31
Joint Procedures	.40	.52	.53	.60
Pacemaker/Arrhythmia	.90	.94	.89	.92
Pneumonia	.97	1.00	1.02	1.09
GI Hemmorhage	.46	.52	.52	.52
Misc. Digestive	1.83	1.45	1.03	.99
AMI	.87	.99	.95	.91
Cholecystectomy	.39	.39	.36	.39
Surgical DRGs	1.94	2.09	2.03	2.23
Medical DRGs	8.25	7.85	7.20	7.32
More Severe DRGs	5.41	5.89	5.44	5.70
Less Severe DRGs	3.00	2.00	1.75	1.73

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

Table 3-3 shows the average length of stay per admission by DRG and period for the study groups. The length of stay falls continuously from the pre-PPS period to PPS 2 for all DRGs except 117. LOS does rise slightly from PPS 2 to PPS 3 for fourteen of the DRGs. This probably indicates that the lengths of stay levelled off by 1986. Over the four periods LOS falls for all DRGs except 410. Thus, the trend toward shorter LOS is broad-based and includes both medical and surgical cases.

The trends in our four-state data conform to overall trends in LOS and admissions in ProPACS's 1988 Report to Congress. ProPAC reports that LOS for adults over 65 decreases from 9.7 days in 1983 to 8.8 days in 1985, LOS remains constant from 1985 to 1986 and rises to 8.9 days in 1987. ProPAC also reports that admissions for adults over 65 decline from 1983 to 1986 but rise slightly in 1987. These are the same general patterns as in our four-state data although LOS and admissions level off sooner in our data.

3.2 Trends in Expenditures by DRG

3.2.1 Inpatient Expenditures

Since hospital LOS declines over the study years, we would expect inpatient expenditures also to fall. Table 3-4 gives the average inpatient Part B bills per admission for each DRG and period and the percentage changes from pre-PPS to PPS 3. The percentage changes in LOS are also given for comparison.

In striking contrast to the declining lengths of stay described in the previous section, inpatient expenditures are higher in PPS 3 than pre-PPS for three-fourths of the DRGs. The increases in inpatient expenditures range from 1 percent for DRG 195 to 38 percent for DRG 410. Fourteen of the DRGs have increases in inpatient charges exceeding 10 percent. Nine of the DRGs do exhibit a decrease in inpatient expenditures: 337, 125, 133, 14, 139, 90, 175, 196, and 198. All of these except DRG 14 are the less severe of a pair of DRGs with the same principal diagnosis. For these nine DRGs the declines in inpatient expenditures are all smaller than the corresponding decreases in length of stay in percentage terms.

TABLE 3-3

LENGTH OF STAY

	PRE-PPS	PPS 1	PPS 2	PPS 3
Prostatectomy				
DRG 306	10.7	9.5	8.2	8.6
DRG 307	7.9	7.6	6.1	6.3
DRG 336	9.8	8.3	7.4	7.0
DRG 337	8.4	6.7	5.9	5.7
Coronary Artery Disease				
DRG 106	22.8	19.4	18.2	18.0
DRG 107	14.2	12.6	12.4	12.3
DRG 124	16.1	8.4	8.1	8.1
DRG 125	7.3	4.9	4.4	4.5
DRG 132	8.8	7.2	6.4	6.3
DRG 133	7.9	6.1	5.1	5.5
DRG 140	6.6	5.8	5.5	5.5
Stroke				
DRG 14	15.2	11.9	10.7	10.1
DRG 15	7.3	6.0	5.8	5.8
Lung Cancer				
DRG 82	10.2	9.7	9.1	9.2
DRG 410	3.2	3.2	3.1	3.5
Joint Procedures				
DRG 209	17.9	15.7	14.4	13.8
Pacemaker/Arrhythmia				
DRG 115	16.9	16.4	14.4	14.6
DRG 116	11.1	9.7	8.9	8.7
DRG 117	9.6	8.9	8.9	8.2
DRG 118	7.2	6.7	6.2	6.6
DRG 138	7.3	6.5	6.0	6.2
DRG 139	6.6	5.0	4.7	4.6
Pneumonia				
DRG 89	11.1	9.4	9.0	9.1
DRG 90	9.7	7.6	7.1	7.0
Hemmorhage				
DRG 174	8.8	7.6	7.3	7.3
DRG 175	7.9	6.0	5.7	5.3
Misc. Digestive				
DRG 182	7.4	6.5	6.3	6.5
DRG 183	6.6	5.4	5.3	5.3
AMI				
DRG 121	13.6	12.8	12.3	11.7
DRG 122	13.0	10.7	9.8	9.4
DRG 123	6.2	6.0	5.6	5.7
DRG 129	7.5	7.2	6.3	6.4
Cholecystectomy				
DRG 195	20.5	15.2	14.1	13.8
DRG 196	15.1	13.0	10.2	10.0
DRG 197	13.3	11.9	11.1	10.8
DRG 198	11.3	8.9	8.1	7.7

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE 3-4

INPATIENT EXPENDITURES BY DRG AND PERIOD

					PERCENT CHANGE	
	Pre-PPS	PPS 1	PPS 2	PPS 3	Inpatient $	LOS
Prostatectomy						
DRG 306	$1,295	$1,418	$1,366	$1,463	13%	-20%
DRG 307	944	1184	1166	1227	30	-21
DRG 336	1261	1340	1346	1349	7	-28
DRG 337	1250	1215	1233	1248	-0.2	-32
Coronary Artery Disease						
DRG 106	6030	6312	6379	6497	8	-21
DRG 107	4446	4747	4803	4903	10	-14
DRG 124	1046	1032	1057	1126	8	-50
DRG 125	894	865	844	877	-2	-39
DRG 132	292	281	285	310	6	-28
DRG 133	309	294	245	279	-10	-30
DRG 140	242	234	241	258	7	-17
Stroke						
DRG 14	493	476	475	490	-0.5	-34
DRG 15	356	363	376	386	8	-21
Lung Cancer						
DRG 82	469	528	585	625	33	-10
DRG 410	109	107	124	150	38	7
Joint Procedures						
DRG 209	2243	2410	2338	2427	8	-23
Pacemaker/ Arrhythmia						
DRG 115	1544	1830	1804	1768	15	-14
DRG 116	1482	1556	1551	1545	4	-22
DRG 117	976	1144	1223	1144	17	-15
DRG 118	816	910	959	984	21	-9
DRG 138	296	293	295	326	10	-15
DRG 139	283	254	241	253	-11	-31
Pneumonia						
DRG 89	328	322	325	356	9	-18
DRG 90	308	263	248	265	-14	-28
GI Hemmorhage						
DRG 174	413	423	448	478	16	-18
DRG 175	443	395	403	406	-8	-33
Misc. Digestive						
DRG 182	315	315	330	363	15	-13
DRG 183	313	303	310	343	10	-20
AMI						
DRG 121	580	574	599	619	7	-14
DRG 122	494	491	494	524	6	-28
DRG 123	384	427	437	497	29	-8
DRG 129	408	432	405	459	13	-15
Cholecystectomy						
DRG 195	1869	1895	1884	1886	1	-33
DRG 196	1669	1612	1518	1623	-3	-34
DRG 197	1293	1449	1424	1450	12	-18
DRG 198	1218	1211	1190	1208	-1	-32

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

The increases in inpatient spending are more uniform in the later periods. Inpatient expenditures rise from pre-PPS to PPS 1 for 18 DRGs, from PPS 1 to PPS 2 for 21 DRGs, and from PPS 2 to PPS 3 for 33 of the 36 DRGs. This result suggests that PPS may have acted to moderate inpatient spending growth in the first two years of the program but that inpatient spending picked up again in the third year of PPS. We must also remember that other institutional changes, such as the physician fee freeze, may be at least partially responsible for any observed decreases in expenditures. Also, the expenditures in Table 3-4 are in nominal dollars. Thus, they include the two fee updates which occur during the study period (July 1983 and May 1986). The effect of deflating for these fee updates is explored in Section 3.3.

In general, then, our expectation that declining lengths of stay should lead to decreases in inpatient spending is not confirmed by our study DRGs. Most DRGs show increases in inpatient expenditures and when inpatient spending does fall, the fall is less than for LOS in percentage terms.

3.2.2 Outpatient Expenditures

We have seen that inpatient spending has generally risen from 1983 to 1986 while LOS has fallen. What has happened to outpatient spending associated with admissions? Table 3-5 gives pre-hospital and post-hospital expenditures by DRG and period and the percentage changes from pre-PPS to PPS 3.

Pre-hospital and post-hospital expenditures per admission rise from the pre-PPS period to PPS 3 for all DRGs except 307; total outpatient spending rises for all DRGs. The percentage increases are generally quite large. Pre-hospital expenditures increase by at least 50 percent for more than half of the DRGs. The smallest increase in pre-hospital charges is 7 percent (DRG 117) but the next smallest increase is 34 percent (DRG 175). Over half of the DRGs have post-hospital expenditure increases of at least 30 percent.

TABLE 3-5

PRE-HOSPITAL AND POST-HOSPITAL EXPENDITURES BY DRG AND PERIOD

	Pre-PPS		PPS 1		PPS 2		PPS 3		PERCENT CHANGE	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Prostatectomy										
DRG 306	$41	$9	$45	$11	$70	$10	$84	$16	103%	70%
DRG 307	39	18	45	9	64	9	79	15	100	-18
DRG 336	47	8	45	10	64	10	84	10	79	31
DRG 337	41	7	45	7	62	8	83	8	104	13
Coronary Artery Disease										
DRG 106	51	17	49	25	63	23	72	21	43	21
DRG 107	24	14	22	21	42	19	43	19	78	36
DRG 124	49	17	44	35	59	58	65	47	35	181
DRG 125	41	16	49	33	61	30	66	31	60	93
DRG 132	26	14	29	19	42	21	45	25	73	85
DRG 133	27	15	29	19	44	43	40	24	46	65
DRG 140	29	14	30	25	39	26	42	25	44	76
Stroke										
DRG 14	31	23	30	22	42	26	49	27	61	21
DRG 15	33	19	33	28	43	26	47	27	44	43
Lung Cancer										
DRG 82	44	40	43	50	59	55	69	52	57	30
DRG 410	42	17	53	21	55	20	65	21	53	21
Joint Procedures										
DRG 209	31	12	32	13	41	15	53	17	74	48
Pacemaker/ Arrhythmia										
DRG 115	31	15	28	24	43	26	46	25	48	63
DRG 116	42	18	44	31	56	27	67	25	58	37
DRG 117	64	11	44	24	53	21	68	21	7	92
DRG 118	34	17	39	18	44	17	48	18	41	5
DRG 138	35	15	36	30	47	27	53	30	51	97
DRG 139	35	20	41	29	44	30	50	35	45	74
Pneumonia										
DRG 89	30	15	31	19	40	17	44	17	44	16
DRG 90	28	17	31	17	37	16	38	19	34	10
GI Hemmorhage										
DRG 174	28	15	29	22	40	22	44	21	56	36
DRG 175	33	14	28	23	46	20	44	23	34	57
Misc. Digestive										
DRG 182	25	11	27	18	38	19	46	19	86	67
DRG 183	25	16	30	18	39	22	45	20	83	23
AMI										
DRG 121	33	22	35	30	49	36	54	31	64	38
DRG 122	32	16	34	33	44	37	46	39	47	152
DRG 123	31	0	39	0	51	0	75	0	144	0
DRG 129	53	9	49	11	72	8	77	14	45	54
Cholecystectomy										
DRG 195	37	10	45	14	58	15	68	12	82	28
DRG 196	25	3	37	11	66	30	66	14	159	326
DRG 197	35	7	39	10	51	9	64	10	83	30
DRG 198	31	5	39	8	52	5	59	5	87	11

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

Pre-hospital and post-hospital expenditures increase much more rapidly than inpatient charges for almost all of the DRGs. This result provides some initial evidence that physician services have been shifted from the inpatient to outpatient settings, one expected result of PPS.

As with inpatient expenditures, there is a mixture of patterns of period-to-period increases and decreases. Twenty-two of the DRGs have continuously increasing pre-hospital expenditures and seven DRGs have continuously rising post-hospital bills. There are only three instances of period-to-period changes where both pre-hospital and post-hospital expenditures fall. Between most periods both pre and post-hospital spending rises. Thus, most period-to-period expenditure changes consist of rising inpatient bills and rising outpatient expenditures.

3.2.3 Hospital Episode Expenditures

The two previous sections have shown that outpatient expenditures have risen for all DRGs and that inpatient expenditures have risen for three-fourths of the DRGs. In this section we combine the inpatient and outpatient bills to see how total hospital episode expenditures have changed.

The hospital episode includes the hospital stay plus the seven days prior to admission and the seven days following discharge. Summing the expenditures for the inpatient, pre-hospital, and post-hospital periods yields the total hospital episode expenditures. Episode length, hospital episode expenditures, and episode expenditures per episode day are summarized in Table 3-6.

Hospital episode expenditures are higher in PPS 3 than pre-PPS for all but three DRGs: 133, 90, and 175. These are three of the DRGs for which inpatient charges decrease (discussed in Section 3.2.1). Although both pre and post-hospital expenditures increase for these three DRGs, these rises are not sufficient to offset the falling inpatient charges. The other six DRGs for which inpatient charges also fall from the pre-PPS period to PPS 3 do have offsetting rises in outpatient expenditures.

TABLE 3-6

HOSPITAL EPISODE EXPENDITURES BY DRG AND PERIOD

Period:	% CHANGE IN EPISODE LENGTH: Pre-PPS to PPS 3	TOTAL EXPENDITURES ($): Pre-PPS	PPS 1	PPS 2	PPS 3	Percent Change	EXPENDITURES PER DAY: Pre-PPS	PPS 1	PPS 2	PPS 3	Percent Change
Prostatectomy											
DRG 306	-9%	1346	1474	1447	1563	16%	54	63	65	69	27%
DRG 307	-7	1002	1237	1239	1320	32	46	57	62	65	42
DRG 336	-12	1316	1394	1421	1443	10	55	63	66	69	24
DRG 337	-12	1298	1267	1303	1339	3	58	61	65	68	17
Coronary Artery Disease											
DRG 106	-13	6098	6386	6465	6590	8	166	191	201	206	24
DRG 107	-7	4483	4790	4864	4964	11	159	180	184	189	19
DRG 124	-27	1111	1111	1173	1239	12	37	50	53	56	52
DRG 125	-13	952	947	935	973	2	45	50	51	53	18
DRG 132	-11	332	329	348	380	15	15	16	17	19	29
DRG 133	-11	351	343	333	343	-2	16	17	17	18	9
DRG 140	-6	285	289	305	325	14	14	15	16	17	21
Stroke											
DRG 14	-17	546	528	544	566	4	19	20	22	23	26
DRG 15	-7	408	423	445	460	13	19	21	23	23	22
Lung Cancer											
DRG 82	-4	553	662	699	746	35	23	26	30	32	41
DRG 410	2	168	181	199	236	40	10	11	12	14	38
Joint Procedures											
DRG 209	-13	2285	2456	2395	2497	9	72	83	84	90	25
Pacemaker/ Arrhythmia											
DRG 115	-7	1591	1882	1873	1839	16	51	62	66	64	25
DRG 116	-10	1542	1631	1634	1636	6	61	69	71	72	18
DRG 117	-6	1050	1212	1297	1233	17	44	53	57	56	25
DRG 118	-3	867	961	1020	1049	21	41	47	51	51	25
DRG 138	-5	346	358	369	409	18	16	18	18	20	25
DRG 139	-10	338	324	315	338	0.1	16	17	17	18	11
Pneumonia											
DRG 89	-8	374	371	382	417	12	15	16	17	18	21
DRG 90	-11	354	311	301	323	-9	15	14	14	15	3
GI Hemmorrhage											
DRG 174	-7	457	474	510	543	19	20	22	24	26	28
DRG 175	12	490	446	469	472	-4	22	22	24	24	9
Misc. Digestive											
DRG 182	-4	351	361	387	428	22	16	18	19	21	28
DRG 183	-6	354	351	371	408	15	17	18	19	21	23
AMI											
DRG 121	-7	635	639	683	703	11	23	24	26	27	19
DRG 122	-13	541	557	575	609	13	20	23	24	27	30
DRG 123	-4	415	466	488	572	38	31	36	39	45	43
DRG 129	-5	470	492	485	550	17	22	23	24	27	9
Cholecystectomy											
DRG 195	-19	1916	1953	1957	1966	3	56	67	70	71	28
DRG 196	-18	1698	1659	1613	1703	0.3	58	61	67	71	22
DRG 197	-9	1335	1498	1484	1524	14	49	58	59	61	25
DRG 198	-14	1255	1258	1247	1272	1	50	55	56	59	18

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

Altogether nineteen of the thirty-six DRGs exhibit decreases in hospital episode expenditures between some periods. Of these, twelve DRGs have episode charges which decrease from the pre-PPS period to PPS 1, eleven have episode charges which fall from PPS 1 to PPS 2, and episode expenditures decrease from PPS 2 to PPS 3 for two DRGs. All of these period-to-period decreases in episode charges correspond to decreases in inpatient expenditures. However, nine DRGs have period-to-period decreases in inpatient charges which are offset by increases in outpatient expenditures.

In most cases, then, when there is a decrease in inpatient spending from one period to the next, it is not offset by an increase in outpatient spending. However, the vast majority of period-to-period changes include increases in both inpatient and outpatient spending. Part of these increases are due to the two fee updates which occur during the study years. The effects of these updates on expenditures are explored in Section 3.3.

Table 3-6 also shows that the percentage changes in episode expenditures are nearly the same as the percentage changes in inpatient charges for all DRGs even though the percentage increases in pre and post-hospital expenditures are generally huge. This occurs because inpatient charges are much larger than outpatient expenditures. The three episode expenditure decreases are -2 percent for DRG 133, -9 percent for DRG 90, and -4 percent for DRG 175. For the rest of the DRGs episode expenditures increase between 0.1 percent for DRG 139 and 40 percent for DRG 410. Episode expenditures increase by at least 10 percent for twenty-two of the thirty-six DRGs.

While more than half of the DRGs do exhibit a fall in total hospital episode expenditures between some periods, the hospital episode length is also falling. The hospital episode length is merely the hospital length of stay (given in Table 3-3) plus the pre and post-hospital periods which total 14 days; thus the episode length is the length of stay plus 14.* Since the same constant, 14, is added onto all of the lengths of stay, the episode lengths exhibit the same patterns as the lengths of stay (described in Section 3.1.2). Table 3-6 gives the percentage changes in episode length from pre-PPS

*For DRG 123 episode length is LOS + 7 because all patients expire in the hospital. Consequently there is no post-hospital period.

to PPS 3. As with LOS, episode length falls for all DRGs except 410. The decreases range from -3 percent (DRG 118) to -27 percent (DRG 124).

Table 3-6 shows that although twenty DRGs exhibit period-to-period decreases in total episode charges only three DRGs exhibit any period-to-period declines in episode expenditures per day: 115, 117, and 90. Episode expenditures per day increase from pre-PPS to PPS 3 for all of the study DRGs.

Table 3-6 also shows that the percentage increases in episode expenditures per day are larger than the percentage increases in episode charges. This results from the combination of rising episode expenditures and falling episode length. The increases in episode expenditures per day range from 3 percent for DRG 90 to 52 percent for DRG 124. Twenty-six DRGs have increases of at least 20 percent.

In sum, rising inpatient and outpatient charges combine to produce increasing hospital episode expenditures. For the nine DRGs which do show a decline in inpatient bills, only three also show a decrease in episode expenditures; for the other six outpatient bills rise to offset the inpatient bill decline. These overall changes mask the period-to-period decreases in episode charges which do occur. Generally, when inpatient expenditures fall from one period to the next, episode expenditures correspondingly fall. Because episode length falls while episode bills rise over the study years, episode charges per day increase. Not only do episode expenditures per day rise from pre-PPS to PPS 3 but they also rise from period to period in all but a few instances.

3.3 Trends in Deflated Expenditures by DRG

Up to this point we have described the trends in nominal Part B bills per admission. These trends consist of two components: trends in allowed charges and trends in the volume of services provided. Although much of our study period coincides with the freeze on physician fees, there were two fee updates in July 1983 and in May 1986 for participating physicians. In this

section we examine the trends in real expenditures, that is, expenditures deflated for allowed charges.

The fee deflator used was derived by Mitchell, Wedig, and Cromwell in their report, Impact of the Medicare Fee Freeze on Physician Expenditures and Volumes (1988). This Medicare price deflator was derived from the allowed charges for five services within physician specialty, quarter, and reasonable charge locality (RCL). These specialty/quarter/RCL indices were subsequently aggregated to the quarter level.

Deflated expenditures have the interpretation of the total weighted quantity of physician services. Real charges can rise for two reasons. First, the same mix of services can be used in later periods but in larger quantities. Second, the mix of services can shift to more expensive types of services.

Here we examine real expenditure changes from the pre-PPS period to PPS 3. We use the Medicare price index for the second quarter of 1983 as the pre-PPS deflator and the average of the indices for quarters one and two of 1986 as the PPS 3 deflator. These are 1.007 pre-PPS and 1.0895 for PPS 3 (the index equals 1.0 for quarter 1 of 1983) for a 8.2 percent increase in fees.

Table 3-7 gives the percentage changes from the pre-PPS period to PPS 3 in deflated inpatient, pre-hospital, post-hospital, episode, and per day episode expenditures. While nominal inpatient charges decrease for only nine DRGs, real inpatient charges decrease for eighteen of the thirty-six DRGs. These decreases range from -0.4 percent for DRG 106 to -20 percent for DRG 90. However, length of stay always falls by a larger percentage (Table 3-4). Among the other eighteen DRGs, real inpatient charges increase between .002 percent for DRG 209 and 28 percent for DRG 410. This result shows that while hospital lengths of stay have fallen, the weighted quantity of services provided to Medicare inpatients has increased for half of the study DRGs and for the other half weighted quantity has fallen less than LOS.

On the outpatient side, deflation has little effect. Nominal pre-hospital expenditures increase for all DRGs; real pre-hospital charges increase for all DRGs except 117. Nominal post-hospital bills increase for

TABLE 3-7

PERCENTAGE CHANGES IN DEFLATED EXPENDITURES BY DRG, PRE-PPS TO PPS 3

	Inpatient Dollars	Pre-Hospital Dollars	Post-Hospital Dollars	Episode Dollars	Episode Per Day Dollars
Prostatectomy					
DRG 306	4%	88%	57%	7%	18%
DRG 307	20	84	-25	22	32
DRG 336	-1	66	21	1	15
DRG 337	-8	88	4	-5	10
Coronary Artery Disease					
DRG 106	-0.4	32	12	-0.1	15
DRG 107	2	64	25	2	10
DRG 124	-0.5	24	159	3	40
DRG 125	-9	48	78	-6	9
DRG 132	-2	60	71	6	19
DRG 133	-17	35	52	-10	1
DRG 140	-2	33	63	5	11
Stroke					
DRG 14	-8	48	12	-4	16
DRG 15	0.2	33	33	4	13
Lung Cancer					
DRG 82	23	45	20	25	30
DRG 410	28	42	12	30	28
Joint Procedures					
DRG 209	0.002	60	36	1	16
Pacemaker/ Arrhythmia					
DRG 115	6	37	50	7	15
DRG 116	-4	46	27	-2	9
DRG 117	8	-1	77	9	16
DRG 118	11	30	-3	12	15
DRG 138	2	39	82	9	15
DRG 139	-18	34	61	-8	3
Pneumonia					
DRG 89	0.3	34	7	3	12
DRG 90	-20	24	1	-16	-5
GI Hemmorhage					
DRG 174	7	45	26	10	18
DRG 175	-15	24	45	-11	1
Misc. Digestive					
DRG 182	7	72	55	13	18
DRG 183	1	69	14	7	14
AMI					
DRG 121	-1	52	28	2	10
DRG 122	-2	36	133	4	20
DRG 123	19	126	0	27	32
DRG 129	4	34	42	8	14
Cholecystectomy					
DRG 195	-7	68	18	-5	18
DRG 196	-10	139	294	-7	13
DRG 197	4	70	21	6	16
DRG 198	-8	73	2	-6	9

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

all but one DRG (307) and deflated post-hospital charges increase for all but two DRGs (307 and 118). Most of the pre and post-hospital expenditure increases are still huge even after deflation. The deflated pre-hospital increases range from 24 percent (DRG 124) to 139 percent (DRG 196). The post-hospital rises range from 1 percent (DRG 90) to 294 percent (DRG 196). The fact that real pre and post-hospital expenditures rise for almost all of the DRGs while real inpatient dollars either fall or rise more slowly provides further evidence that physician services have been shifted from inpatient to outpatient settings.

Combining inpatient and outpatient expenditures we find that while nominal episode expenditures fall for three DRGs, deflated episode charges decrease for twelve DRGs. For these twelve DRGs, the real inpatient charges fall and outpatient expenditures are not offsetting. For the other six DRGs with declining real inpatient bills, these declines are offset by rises in real outpatient expenditures. Even though hospital episode lengths decline over the study period, the weighted quantity of services provided to Medicare beneficiaries during the entire hospital episode increases for two-thirds of the study DRGs. Furthermore, the change in episode expenditures per day becomes negative after deflation for just one DRG (90).

Overall, because the percentage increases in nominal pre and post-hospital expenditures are so large, generally exceeding 30 percent, deflating for the fee updates has little effect. The percentage increases in nominal inpatient and episode expenditures are much smaller, so the fee updates explain more of the increases. Nevertheless, even after deflation, inpatient charges increase for half of the DRGs, outpatient expenditures rise for almost all DRGs, and episode expenditures increase for nearly two-thirds of the DRGs. We turn next to an examination of the types of services that are driving the expenditure changes.

3.4 Expenditures And Utilization By Type of Service

In the previous sections we have discussed the trends in inpatient, pre-hospital, and post-hospital expenditures aggregated across all types of

Part B services. We now investigate the trends in expenditures by type of service in order to identify the sources of the expenditure changes.

Rather than examining all of the study DRGs, we focus on three groups: Coronary Artery Disease, Strokes, and Cholecystectomies. These groups were chosen because they provide a mix of inpatient, pre-hospital, and post-hospital expenditure trends. They also include a mix of surgical and medical DRGs. The Stroke group is entirely medical and the Cholecystectomy group is entirely surgical. The Coronary Artery Disease group includes two surgical DRGs (coronary artery bypass grafts) and four medical DRGs.

To further pare down the number of DRGs, we eliminated some DRGs from these groups. The analysis is basically the same for DRGs 107 and 106, for 132 and 133, and for 197/198 and 195/196. Consequently, DRGs 107, 133, 195, and 196 are not included in the type of service analysis (they are included in the multivariate analysis).

3.4.1 Time Trends in Visit Volume

One type of service where we would expect to see a decrease on the inpatient side is in the number of hospital visits. Since LOS declines over the study years we would anticipate a corresponding decrease in inpatient physician visits. On the other hand, we would also expect to see a shifting of visits from the inpatient to the outpatient side so outpatient visits should rise. The net effect on total hospital episode visits is an empirical question.

There may be a difference in the changes in visits for surgical versus medical DRGs. Inpatient visits are usually included in surgeons' fees and are not billed separately for surgical patients. Consequently there may be less of a reduction in visits for surgical DRGs than for medical DRGs.

Table 3-8 gives the number of inpatient, outpatient, and episode physician contacts pre-PPS and in PPS 3 and the percentage change for our selected DRGs. Inpatient physician contacts include hospital visits, ICU visits, and inpatient consults; outpatient contacts include office, home,

TABLE 3-8

PHYSICIAN CONTACTS, Pre-PPS to PPS 3

	INPATIENT CONTACTS			OUTPATIENT CONTACTS			EPISODE CONTACTS		
Period:	Pre-PPS	PPS 3	Percent Change	Pre-PPS	PPS 3	Percent Change	Pre-PPS	PPS 3	Percent Change
Coronary Artery Disease									
DRG 106	17.4	16.6	-4%	0.8	0.9	18%	18.2	17.5	-4%
DRG 124	9.1	8.8	-4	1.0	1.0	0	10.1	9.8	-3
DRG 125	5.6	3.9	-30	0.7	0.8	15	6.3	4.7	-25
DRG 132	8.2	6.5	-21	0.7	1.0	34	8.9	7.5	-16
DRG 140	6.3	5.7	-9	0.8	1.0	20	7.1	6.7	-6
Stroke									
DRG 14	13.7	10.8	-21	0.7	0.9	28	14.4	11.7	-19
DRG 15	6.7	6.2	-8	0.8	1.0	25	7.5	7.2	-4
Cholecystectomy									
DRG 197	6.8	6.2	-9	0.6	0.8	29	7.4	7.0	-5
DRG 198	5.7	2.3	-59	0.6	0.7	21	6.3	3.0	-52

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

nursing home, and emergency room visits plus outpatient consults; episode contacts are the sum of inpatient and outpatient physician contacts. The results for visits only are almost the same as for total physician contacts because the number of consults is small, so we present only the results for physician contacts.

Inpatient contacts do fall for all DRGs and outpatient contacts do rise for all DRGs (except DRG 124 for which there is no change). These results conform with our expectations. Inpatient contacts fall between -4 percent and -59 percent while outpatient contacts rise between 15 percent and 34 percent. Although the percentage increases in outpatient contacts are almost always larger than the percentage decreases in inpatient contacts, episode contacts fall for all DRGs except 15 showing that the absolute changes are larger on the inpatient side. Episode contacts decrease between -3 percent and -52 percent.

Table 3-9 gives the absolute changes in LOS and in inpatient, outpatient, and episode physician contacts. (The information in Tables 3-8 and 3-9 is shown for the rest of the study DRGs in Appendix A). Inpatient contacts have declined but less than LOS for every DRG. For example, for DRG 132 LOS decreases by 2.5 days but inpatient contacts fall by only 1.8. There are two reasons that inpatient contacts do not fall as much as LOS. First, there is not a physician visit or consult bill for each day a patient spends in the hospital in the pre-PPS period; the number of inpatient contacts is less than the length of stay. For example, for DRG 132 pre-PPS LOS is 8.8 while inpatient physician contacts total 8.3 (7.7 hospital visits, 0.3 ICU visits, and 0.3 consults). This means that there is room for physicians to increase the proportion of inpatient days on which they visit patients. A second possible reason that visits do not fall as fast as LOS is that more than one physician can visit a patient on one day. The number of physicians billing Part B per inpatient stay might have risen.

Table 3-9 also shows that the absolute changes in outpatient physician contacts are smaller than for inpatient contacts. For example, for DRG 132 inpatient contacts fall by 1.8 but outpatient contacts only rise by 0.25.

TABLE 3-9

ABSOLUTE CHANGES IN LOS AND PHYSICIAN CONTACTS, PRE-PPS TO PPS 3

	LENGTH OF STAY	INPATIENT CONTACTS	OUTPATIENT CONTACTS	EPISODE CONTACTS
	Change	Change	Change	Change
Coronary Artery Disease				
DRG 106	-4.7	-0.8	.14	0.64
DRG 124	-8.0	-0.4	-.02	0.65
DRG 125	-2.9	-1.7	.11	-1.55
DRG 132	-2.5	-1.8	.25	-1.92
DRG 140	-1.1	-0.6	.17	-1.57
Stroke				
DRG 14	-5.1	-2.9	.20	-2.70
DRG 15	-1.6	-0.5	.22	-0.32
Cholecystectomy				
DRG 197	-2.4	-0.6	.18	-2.08
DRG 198	-3.6	-3.3	.12	-3.77

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

Consequently, hospital episode contacts decline for all DRGs. While this provides some evidence of outpatient for inpatient physician contact substitution, the substitution is not one-for-one. Nevertheless, there has been a perfectly offsetting substitution of office for inpatient visits per beneficiary overall (Mitchell, et al., 1988). In other words, while the substitution within the hospital episode is not one-for-one, the substitution including both hospital episodes and time outside of hospital episodes is one-for-one. The most likely explanation is that outpatient visits have increased for avoided admissions, those patients who were admitted prior to PPS but have since been treated on an outpatient basis. It is also possible that we are under-counting the number of episode contacts. Since the total episode length is falling there may be some episode contacts that we are not capturing. This may be particularly true in the post-hospital period when post-hospital contacts substitute for hospital visits that are eliminated when lengths of stay decline. However, the number of outpatient contacts is very small relative to the number of inpatient contacts. It is unlikely that any missed outpatient contacts explain much of the difference between observed inpatient and outpatient contacts.

We originally hypothesized that there could be differences in the change in visits for surgical versus medical DRGs because of the different billing practices. No obvious differences are evident from Table 3-8 and Table 3-9. The percentage and absolute changes in inpatient, outpatient, and episode contacts are of similar magnitudes for the medical and surgical DRGs.

3.4.2 Trends In Inpatient Expenditures

Tables 3-10 through 3-18 give inpatient, pre-hospital, and post-hospital expenditures per admission by DRG and period for all type of service categories defined in Section 2.4.3. The absolute and percentage changes from the pre-PPs period to PPS 3 are also given.

TABLE 3-10

EXPENDITURES PER ADMISSION, DRG 106

	Pre-PPS	PPS 1	PPS 2	PPS 3	Change Pre-PPS to PPS 3	Percent Change
INPATIENT						
Total Part B	$6,030.30	$6,311.51	$6,379.46	$6,497.40	$467.10	8%
Hospital Visits	354.90	364.00	340.02	336.49	-18.41	-5
ICU Visits	74.34	89.73	110.02	101.92	27.59	37
Consults	74.63	82.84	87.84	89.87	15.24	20
Surgery	4,024.11	4,288.07	4,349.63	4,456.56	432.45	11
Catheterizations	537.74	595.53	602.70	619.46	81.71	15
Assistant Surgery	317.82	333.24	330.60	352.68	34.86	11
Anesthesia	740.39	809.70	806.98	797.43	57.04	8
Lab	61.54	10.49	8.66	10.77	-50.78	-83
Surgical Pathology	3.67	4.90	4.12	5.27	1.60	44
Radiology	210.71	193.92	179.34	183.39	-27.32	-13
CAT Scans	5.58	6.11	6.53	8.28	2.70	48
Ultrasound	5.22	3.48	3.24	3.57	-1.64	-31
Special Tests	119.22	105.03	111.61	126.56	7.35	6
Echocardiograph	15.28	12.48	15.04	18.86	3.58	23
Doppler	6.70	8.48	12.01	12.54	5.84	87
Selected Cardiac	70.50	54.06	55.82	57.89	-12.62	-18
Part B NEC	97.02	62.55	85.43	78.20	-18.82	-19
PRE-HOSPITAL						
Total Part B	50.54	49.13	62.97	72.13	21.59	43
Office Visits	7.35	7.79	9.13	9.83	2.48	34
Home Visits	0.04	0.03	0.05	0.04	0.00	9
SNF/NH Visits	0.00	0.00	0.00	0.00	0.00	a
ER Visits	5.03	6.42	8.20	9.57	4.55	90
Consults	5.06	3.88	4.52	5.03	-0.04	-1
Surgery	1.67	2.23	3.52	5.99	4.33	260
Anesthesia	1.45	0.74	1.36	0.17	-1.28	-88
Lab	2.22	2.51	2.53	3.41	1.19	54
Radiology	4.58	5.68	6.43	8.47	3.89	85
CAT Scans	0.00	0.16	0.32	0.30	0.30	a
Ultrasound	0.00	0.13	0.27	0.35	0.35	a
Special Tests	16.07	15.58	17.40	20.60	4.52	28
Echocardiograph	0.47	1.26	1.15	2.15	1.68	354
POST-HOSPITAL						
Total Part B	17.03	25.39	22.90	20.59	3.56	21
Office Visits	3.51	4.64	3.77	4.26	0.75	21
Home Visits	0.17	0.11	0.08	0.12	-0.05	-31
SNF/NH Visits	0.05	0.09	0.16	0.15	0.10	183
ER Visits	0.39	0.70	0.56	0.57	0.18	47
Consults	1.14	0.50	0.67	0.54	-0.60	-53
Surgery	0.17	2.99	2.93	0.89	0.72	429
Anesthesia	0.00	0.89	1.66	0.50	0.50	a
Lab	1.95	1.68	1.44	1.77	-0.18	-9
Radiology	2.66	3.61	3.08	3.44	0.77	29
CAT Scans	0.00	0.17	0.12	0.08	0.08	a
Ultrasound	0.00	0.04	0.01	0.04	0.04	a
Special Tests	3.60	5.23	4.56	5.09	1.49	41
Echocardiograph	0.23	0.23	0.28	0.20	-0.03	-12

[a]No percentage change can be calculated because of division by zero.

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE 3-11

EXPENDITURES PER ADMISSION, DRG 124

	Pre-PPS	PPS 1	PPS 2	PPS 3	Change Pre-PPS to PPS 3	Percentage Change
INPATIENT						
Total Part B	$1,045.88	$1,032.21	$1,056.62	$1,126.47	$80.60	8%
Hospital Visits	223.86	196.11	196.59	205.26	-18.60	-8
ICU Visits	46.28	28.02	30.18	34.89	-11.39	-25
Consults	45.59	45.69	51.66	53.39	7.80	17
Surgery	487.50	569.55	570.39	591.93	104.43	21
Catheterizations	444.85	525.96	526.80	546.60	101.75	23
Lab	8.62	2.46	2.69	3.00	-5.63	-65
Radiology	110.97	95.12	85.40	89.79	-21.18	-19
CAT Scans	1.43	2.57	3.57	5.05	3.62	253
MRI	0.00	0.00	0.00	0.25	0.25	a
Ultrasound	2.14	2.45	3.00	3.32	1.18	55
Special Tests	66.38	70.56	84.09	101.52	35.14	53
Echocardiograph	20.07	15.97	17.09	21.40	1.33	7
Doppler	0.72	3.03	3.98	4.83	4.11	573
Selected Cardiac	25.56	24.30	25.66	29.97	4.41	17
Part B NEC	52.84	22.26	33.91	44.79	-8.05	-15
PRE-HOSPITAL						
Total Part B	48.70	44.14	58.76	65.47	16.78	34
Office Visits	7.65	7.35	9.08	10.58	2.93	38
Home Visits	0.26	0.12	0.05	0.04	-0.21	-83
SNF/NH Visits	0.00	0.01	0.01	0.02	0.02	a
ER Visits	8.44	5.51	6.86	8.42	-0.03	0
Consults	4.70	3.30	3.42	3.77	-0.93	-20
Surgery	1.95	1.89	3.95	3.89	1.93	99
Lab	4.63	2.70	2.96	3.31	-1.32	-28
Radiology	5.19	6.04	6.75	8.52	3.33	64
CAT Scans	0.00	0.14	0.18	0.38	0.38	a
Ultrasound	0.00	0.23	0.46	0.27	0.27	a
Special Tests	11.96	13.75	17.71	18.88	6.92	58
Echocardiograph	2.68	1.65	2.86	3.32	0.65	24
POST-HOSPITAL						
Total Part B	16.64	34.54	57.89	46.68	30.04	181
Office Visits	5.38	5.13	5.35	5.40	0.02	0
Home Visits	0.00	0.07	0.10	0.07	0.07	a
SNF/NH Visits	0.14	0.06	0.14	0.08	-0.06	-42
ER Visits	0.53	0.50	0.58	0.74	0.21	40
Consults	1.49	1.25	0.99	1.03	-0.45	-31
Surgery	0.00	11.06	26.69	19.75	19.75	a
Lab	2.05	1.61	1.55	1.90	-0.15	-7
Radiology	1.20	2.97	3.37	3.92	2.72	228
CAT Scans	0.00	0.08	0.13	0.32	0.32	a
Ultrasound	0.00	0.30	0.12	0.15	0.15	a
Special Tests	4.72	4.19	5.96	4.98	0.26	5
Echocardiograph	0.00	0.31	0.42	0.34	0.34	a

[a]No precentage change can be calculated because of division by zero.

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE 3-12

EXPENDITURES PER ADMISSION, DRG 125

	Pre-PPS	PPS 1	PPS 2	PPS 3	Change Pre-PPS to PPS 3	Percentage Change
INPATIENT						
Length of Stay						
Total Part B	$894.48	$864.66	$843.71	$876.81	-$17.67	-2%
Hospital Visits	129.04	113.59	101.12	109.66	-19.38	-15
ICU Visits	10.09	6.91	7.38	9.59	-0.50	-5
Consults	32.85	29.33	26.83	30.70	-2.14	-7
Surgery	558.48	581.67	579.58	595.40	36.92	7
Catheterizations	531.55	555.47	554.70	569.87	38.32	7
Lab	7.86	0.83	0.90	1.26	-6.61	-84
Radiology	93.37	77.72	70.69	67.12	-26.25	-28
CAT Scans	2.58	2.26	2.20	3.18	0.61	23
MRI	0.00	0.00	0.00	0.06	0.06	a
Ultrasound	2.08	1.83	2.18	2.40	0.32	15
Special Tests	46.38	38.34	39.95	44.16	-2.22	-5
Echocardiograph	9.84	8.55	8.66	10.58	0.74	8
Doppler	1.01	2.90	2.66	3.50	2.50	248
Selected Cardiac	26.72	16.39	16.73	17.28	-9.44	-35
Part B NEC	15.39	14.44	16.19	17.83	2.44	16
PRE-HOSPITAL						
Total Part B	41.26	49.50	60.86	66.03	24.77	60
Office Visits	8.48	9.47	9.97	10.50	2.02	24
Home Visits	0.03	0.02	0.03	0.02	-0.01	-35
SNF/NH Visits	0.04	0.00	0.00	0.00	-0.04	-95
ER Visits	2.81	2.73	3.50	4.52	1.70	60
Consults	3.40	4.32	5.09	5.67	2.27	67
Surgery	1.12	2.12	3.90	5.09	3.98	355
Lab	3.57	4.05	4.01	3.85	0.29	8
Radiology	4.81	6.39	7.89	9.47	4.66	97
CAT Scans	0.00	0.13	0.26	0.36	0.36	a
Ultrasound	0.20	0.35	0.25	0.33	0.14	69
Special Tests	14.08	16.83	20.98	21.35	7.27	52
Echocardiograph	0.29	1.78	3.07	3.09	2.80	957
POST-HOSPITAL						
Total Part B	15.85	32.63	30.03	30.59	14.74	93
Office Visits	4.25	4.94	4.72	4.62	0.37	9
Home Visits	0.04	0.08	0.02	0.01	-0.03	-76
SNF/NH Visits	0.02	0.02	0.02	0.04	0.02	79
ER Visits	0.21	0.38	0.45	0.52	0.31	151
Consults	0.75	0.82	0.80	0.91	0.16	21
Surgery	1.14	9.30	10.46	10.84	9.70	850
Lab	0.51	0.83	0.76	1.01	0.49	96
Radiology	3.60	4.71	3.69	3.97	0.37	10
CAT Scans	0.06	0.28	0.25	0.26	0.21	366
Ultrasound	0.28	0.30	0.21	0.23	-0.05	-17
Special Tests	2.75	4.00	4.47	4.78	2.03	74
Echocardiograph	0.51	0.46	0.61	0.44	-0.07	-14

[a]No percentage change can be calculated because of division by zero.

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE 3-13

EXPENDITURES PER ADMISSION, DRG 132

	Pre-PPS	PPS 1	PPS 2	PPS 3	Change Pre-PPS to PPS 3	Percentage Change
INPATIENT						
Total Part B	$292.37	$281.39	$284.84	$310.08	$17.72	6%
Hospital Visits	169.89	158.44	146.52	152.81	-17.08	-10
ICU Visits	10.62	13.05	17.03	20.43	9.80	92
Consults	17.61	19.37	23.29	27.02	9.41	53
Surgery	12.58	11.06	17.29	14.24	1.67	13
Lab	5.42	1.12	1.10	1.45	-3.97	-73
Radiology	40.16	41.38	40.06	43.91	3.75	9
CAT Scans	5.33	4.65	4.35	6.35	1.02	19
MRI	0.00	0.00	0.00	0.08	0.08	a
Ultrasound	3.32	3.00	2.54	3.91	0.59	18
Special Tests	24.46	28.39	29.90	40.73	16.27	66
Echocardiograph	4.17	5.73	6.58	9.82	5.66	136
Doppler	0.27	1.09	1.36	2.16	1.89	690
Selected Cardiac	17.38	18.07	18.60	20.42	3.05	18
Part B NEC	11.14	7.73	9.36	8.99	-2.15	-19
PRE-HOSPITAL						
Total Part B	25.73	28.82	42.10	44.51	18.78	73
Office Visits	5.56	5.65	6.26	6.78	1.22	22
Home Visits	0.17	0.30	0.31	0.27	0.10	61
SNF/NH Visits	0.22	0.21	0.18	0.15	-0.07	-33
ER Visits	5.46	7.96	10.58	12.76	7.30	134
Consults	0.43	0.43	1.00	0.62	0.19	44
Surgery	0.75	0.95	4.69	2.46	1.71	228
Lab	1.84	1.89	2.35	2.51	0.67	36
Radiology	3.12	3.20	4.35	6.80	3.68	118
CAT Scans	0.29	0.11	0.15	1.07	0.78	266
Ultrasound	0.09	0.11	0.26	0.19	0.10	110
Special Tests	4.11	5.09	7.03	7.04	2.93	71
Echocardiograph	0.23	0.14	0.48	0.03	-0.19	-85
POST-HOSPITAL						
Total Part B	13.78	19.02	20.79	25.47	11.69	85
Office Visits	2.95	4.27	4.64	5.23	2.28	77
Home Visits	0.21	0.22	0.14	0.11	-0.10	-47
SNF/NH Visits	0.48	0.65	0.45	0.52	0.04	8
ER Visits	0.41	0.56	0.67	0.66	0.25	63
Consults	0.28	0.65	0.62	0.84	0.56	198
Surgery	0.95	2.06	2.11	5.03	4.08	430
Lab	1.10	1.40	1.39	1.94	0.84	76
Radiology	1.03	1.89	2.53	2.68	1.65	159
CAT Scans	0.35	0.23	0.44	0.37	0.03	7
Ultrasound	0.08	0.09	0.21	0.10	0.02	21
Special Tests	1.28	3.29	4.15	4.28	2.99	233
Echocardiograph	0.00	0.39	0.39	0.51	0.51	a

[a]No percentage change can be calculated because of division by zero.

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE 3-14

EXPENDITURES PER ADMISSION, DRG 140

	Pre-PPS	PPS 1	PPS 2	PPS 3	Change Pre-PPS to PPS 3	Percentage Change
INPATIENT						
Total Part B	$242.17	$234.27	$240.66	$258.18	$16.01	7%
Hospital Visits	138.95	135.59	133.87	138.35	-0.60	0
ICU Visits	18.68	18.82	18.96	22.02	3.35	18
Consults	14.99	17.17	18.48	21.98	7.00	47
Surgery	8.09	5.85	6.38	7.06	-1.03	-13
Lab	5.03	0.65	0.87	1.20	-3.83	-76
Radiology	26.05	26.92	26.82	28.28	2.23	9
CAT Scans	1.57	1.70	2.20	3.02	1.45	92
MRI	0.00	0.00	0.00	0.06	0.06	a
Ultrasound	2.21	2.10	2.23	2.46	0.25	11
Special Tests	22.53	23.11	28.26	32.63	10.11	45
Echocardiograph	3.57	4.25	5.62	7.99	4.42	124
Doppler	0.16	0.42	0.74	1.11	0.95	597
Selected Cardiac	17.78	17.48	20.91	22.34	4.56	26
Part B NEC	7.33	5.88	6.87	6.42	-0.91	-12
PRE-HOSPITAL						
Total Part B	29.23	29.65	38.95	42.16	12.93	44
Office Visits	5.78	5.29	6.01	6.20	0.42	7
Home Visits	0.15	0.10	0.13	0.11	-0.04	-27
SNF/NH Visits	0.08	0.10	0.13	0.10	0.02	31
ER Visits	6.75	9.82	11.39	12.99	6.23	92
Consults	0.52	0.54	0.61	0.64	0.13	24
Surgery	0.82	1.08	1.74	2.25	1.42	173
Lab	2.09	1.53	1.68	1.96	-0.13	-6
Radiology	2.42	2.59	3.51	4.16	1.74	72
CAT Scans	0.00	0.07	0.24	0.23	0.23	a
Ultrasound	0.04	0.07	0.19	0.20	0.16	380
Special Tests	6.13	6.07	7.36	8.00	1.87	31
Echocardiograph	0.37	0.21	0.17	0.37	0.00	-1
POST-HOSPITAL						
Total Part B	13.97	25.09	25.83	24.64	10.67	76
Office Visits	4.48	5.38	5.21	5.40	0.93	21
Home Visits	0.21	0.10	0.08	0.09	-0.12	-57
SNF/NH Visits	0.42	0.34	0.36	0.25	-0.17	-41
ER Visits	0.39	0.70	0.74	0.77	0.38	96
Consults	0.37	0.75	0.82	0.66	0.29	80
Surgery	0.22	2.52	4.46	4.41	4.19	1895
Lab	0.90	1.21	1.24	1.31	0.41	46
Radiology	1.60	2.68	2.76	2.85	1.25	78
CAT Scans	0.40	0.22	0.22	0.29	-0.11	-27
Ultrasound	0.20	0.20	0.18	0.19	-0.01	-4
Special Tests	2.64	4.55	5.17	5.56	2.93	111
Echocardiograph	0.29	0.35	0.41	0.50	0.21	74

[a]No percentage change can be calculated because of division by zero.

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE 3-15

EXPENDITURES FOR ADMISSION, DRG 14

	Pre-PPS	PPS 1	PPS 2	PPS 3	Change Pre-PPS to PPS 3	Percentage Change
INPATIENT						
Total Part B	$492.50	$476.38	$475.36	$489.99	-$2.51	-1
Hospital Visits	282.92	267.71	255.00	254.56	-28.36	-10
ICU Visits	8.72	10.88	10.95	11.82	3.10	36
Consults	40.61	45.59	47.25	52.15	11.54	28
Surgery	9.93	16.55	15.91	15.20	5.27	53
Lab	8.04	0.95	1.11	1.27	-6.77	-84
Radiology	95.19	97.28	100.57	105.02	9.83	10
CAT Scans	47.01	50.43	55.38	61.77	14.76	31
MRI	0.00	0.00	0.00	1.17	1.17	a
Ultrasound	2.68	2.48	2.03	2.31	-0.37	-14
Special Tests	25.73	25.67	32.77	39.77	14.04	55
Echocardiograph	4.42	5.80	7.88	11.48	7.06	160
Doppler	1.40	3.87	7.61	9.86	8.46	604
Selected Cardiac	9.00	8.08	9.31	9.90	0.90	10
Part B NEC	20.57	9.90	10.27	9.01	-11.56	-56
PRE-HOSPITAL						
Total Part B	30.62	30.39	42.35	49.12	18.50	60
Office Visits	3.66	3.81	4.41	4.61	0.95	26
Home Visits	0.46	0.48	0.52	0.50	0.04	9
SNF/NH Visits	0.42	0.47	0.46	0.38	-0.04	-10
ER Visits	8.25	10.60	12.79	14.59	6.34	77
Consults	0.90	1.14	1.46	1.62	0.72	80
Surgery	0.47	1.36	2.95	4.08	3.61	768
Lab	2.31	1.59	1.79	2.01	-0.30	-13
Radiology	5.56	5.57	7.36	10.48	4.92	88
CAT Scans	3.23	3.16	4.31	6.26	3.03	94
Ultrasound	0.24	0.22	0.17	0.16	-0.08	-33
Special Tests	1.53	2.32	3.33	4.04	2.51	164
Echocardiograph	0.06	0.13	0.14	0.35	0.29	483
POST-HOSPITAL						
Total Part B	22.55	21.56	26.03	27.32	4.77	21
Office Visits	2.02	2.65	2.54	2.59	0.57	28
Home Visits	0.46	0.18	0.21	0.16	-0.30	-65
SNF/NH Visits	2.07	2.88	2.80	2.06	-0.01	0
ER Visits	0.30	0.36	0.35	0.37	0.07	23
Consults	1.21	0.98	1.20	2.02	0.81	6
Surgery	0.49	1.32	1.68	1.53	1.04	212
Lab	1.65	1.86	1.94	2.03	0.38	23
Radiology	1.92	3.18	3.53	3.25	1.33	69
CAT Scans	0.69	1.40	1.32	1.27	0.58	84
Ultrasound	0.07	0.06	0.14	0.07	0.00	0
Special Tests	0.85	1.35	1.78	2.16	1.31	154
Echocardiograph	0.20	0.22	0.32	0.44	0.24	120

[a]No Percentage change can be calculated because of division by zero.

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE 3-16

EXPENDITURES PER ADMISSION, DRG 15

	Pre-PPS	PPS 1	PPS 2	PPS 3	Change Pre-PPS to PPS 3	Percentage Change
INPATIENT						
Total Part B	$356.32	$362.91	$376.02	$386.14	$29.82	8%
Hospital Visits	150.93	149.92	149.64	157.77	6.84	5
ICU Visits	2.19	2.83	3.35	3.73	1.54	70
Consults	29.42	32.28	34.76	37.44	8.02	27
Surgery	11.75	13.93	12.17	11.35	-0.40	-3
Lab	4.35	0.64	0.57	0.97	-3.38	-78
Radiology	121.19	124.26	129.14	121.44	0.25	0
CAT Scans	30.33	30.78	35.85	41.66	11.33	37
MRI	0.00	0.00	0.00	1.04	1.04	a
Ultrasound	2.27	2.78	2.13	2.67	0.40	18
Special Tests	24.22	28.64	36.25	45.38	21.16	87
Echocardiograph	3.63	5.42	7.14	10.66	7.03	194
Doppler	2.27	6.95	11.45	15.80	13.53	596
Selected Cardiac	10.29	9.11	10.28	10.94	0.65	6
Part B NEC	9.91	9.00	9.22	7.60	-2.31	-23
PRE-HOSPITAL						
Total Part B	32.77	32.75	43.07	47.08	14.31	44
Office Visits	5.49	5.51	6.42	6.78	1.29	23
Home Visits	0.24	0.27	0.26	0.31	0.07	29
SNF/NH Visits	0.14	0.16	0.17	0.16	0.02	14
ER Visits	6.52	8.69	10.32	12.79	6.27	96
Consults	1.81	2.06	1.98	1.86	0.05	3
Surgery	0.68	1.03	2.37	2.89	2.21	325
Lab	2.23	1.89	2.16	2.20	-0.03	-1
Radiology	7.84	6.34	8.11	9.13	1.29	16
CAT Scans	2.34	2.38	2.92	3.96	1.62	69
Ultrasound	0.82	0.64	0.38	0.28	-0.54	-66
Special Tests	2.28	4.52	6.84	6.76	4.48	196
Echocardiograph	0.00	0.21	0.29	0.27	0.27	a
POST-HOSPITAL						
Total Part B	18.93	27.67	25.68	27.13	8.20	43
Office Visits	3.87	4.95	4.92	5.17	1.30	34
Home Visits	0.15	0.14	0.11	0.13	-0.02	-13
SNF/NH Visits	0.77	0.67	0.89	0.55	-0.22	-29
ER Visits	0.24	0.33	0.37	0.42	0.18	75
Consults	0.75	1.27	1.20	1.14	0.39	52
Surgery	0.03	2.03	2.59	3.48	3.45	11500
Lab	1.37	1.70	1.76	2.13	0.76	55
Radiology	5.00	6.35	5.83	5.48	0.48	10
CAT Scans	2.22	2.41	2.36	1.91	-0.31	-14
Ultrasound	0.28	0.40	0.23	0.19	-0.09	-32
Special Tests	2.28	3.65	4.05	5.08	2.80	123
Echocardiograph	0.59	0.71	0.55	0.72	0.13	22

[a]No percentage change can be calculated because of division by zero.

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE 3-17

EXPENDITURES PER ADMISSION, DRG 197

	Pre-PPS	PPS 1	PPS 2	PPS 3	Change Pre-PPS to PPS 3	Percentage Change
INPATIENT						
Total Part B	$1,292.70	$1,449.05	$1,423.83	$1,450.35	$157.65	12%
Hospital Visits	136.38	149.11	142.16	144.91	8.53	6
ICU Visits	8.96	7.52	6.71	10.31	1.35	15
Consults	29.11	34.97	33.41	34.26	5.15	18
Surgery	766.27	866.96	844.92	856.29	90.02	12
Assistant Surgery	84.21	88.70	91.72	88.47	4.26	5
Anesthesia	201.20	224.40	224.12	224.76	23.56	12
Lab	19.12	25.27	28.21	32.23	13.11	69
Surgical Pathology	9.19	24.28	27.10	31.16	21.97	239
Radiology	89.04	85.44	81.64	86.02	-3.02	-3
CAT Scans	4.93	7.13	7.78	9.15	4.22	86
Ultrasound	18.24	16.97	16.05	16.78	-1.46	-8
Special Tests	11.25	11.05	12.77	13.85	2.60	23
Selected Cardiac	8.46	7.74	8.62	9.17	0.71	8
Part B NEC	9.19	8.38	10.00	7.47	-1.72	-19
PRE-HOSPITAL						
Total Part B	34.91	39.14	50.89	64.03	29.12	83
Office Visits	6.84	6.73	7.98	9.11	2.27	33
Home Visits	0.17	0.16	0.15	0.20	0.03	18
SNF/NH Visits	0.15	0.25	0.22	0.18	0.03	20
ER Visits	3.28	5.25	6.16	7.58	4.30	131
Consults	1.01	1.51	1.99	2.13	1.12	111
Surgery	1.03	2.88	5.53	8.30	7.27	706
Anesthesia	0.29	0.11	0.29	0.81	0.52	179
Lab	4.15	4.17	5.28	6.87	2.72	66
Radiology	12.44	12.69	15.75	19.53	7.09	57
CAT Scans	0.70	0.97	1.01	1.76	1.06	151
Ultrasound	3.07	3.84	5.41	6.63	3.56	116
Special Tests	2.16	2.56	4.07	4.57	2.41	112
POST-HOSPITAL						
Total Part B	7.47	9.85	8.95	9.74	2.27	30
Office Visits	1.69	2.27	2.16	2.30	0.61	36
Home Visits	0.35	0.09	0.11	0.11	-0.24	-69
SNF/NH Visits	0.34	0.59	0.68	0.37	0.03	9
ER Visits	0.01	0.28	0.39	0.38	0.37	3700
Consults	0.10	0.35	0.12	0.33	0.23	230
Surgery	1.80	0.57	0.59	1.30	-0.50	-28
Anesthesia	0.25	0.13	0.16	0.06	-0.19	-76
Lab	0.61	1.28	1.26	1.62	1.01	166
Radiology	0.36	1.31	1.25	1.16	0.80	222
CAT Scans	0.00	0.15	0.21	0.17	-0.19	a
Ultrasound	0.00	0.11	0.13	0.06	0.06	a
Special Tests	0.04	0.46	0.44	0.51	0.47	1175

[a]No percentage change can be calculated because of division by zero.

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE 3-18

EXPENDITURES PER ADMISSION, DRG 198

	Pre-PPS	PPS 1	PPS 2	PPS 3	Change Pre-PPS to PPS 3	Percentage Change
INPATIENT						
Total Part B	$1,218.49	$1,211.31	$1,190.35	$1,207.82	-$10.67	-1%
Hospital Visits	111.36	75.56	68.10	60.11	-51.25	-46
ICU Visits	2.63	2.37	0.82	1.09	-1.54	-59
Consults	24.61	17.94	14.94	14.68	-9.93	-40
Surgery	746.12	790.31	786.34	800.65	54.53	7
Assistant Surgery	68.83	86.44	90.54	88.75	19.92	29
Anesthesia	187.76	202.37	194.45	197.75	9.99	5
Lab	20.19	22.07	26.63	29.46	9.27	46
Surgical Pathology	9.27	21.78	26.05	28.91	19.64	212
Radiology	80.96	51.43	43.69	45.29	-35.67	-44
CAT Scans	3.87	2.37	2.28	2.52	-1.35	-35
Ultrasound	17.11	8.80	7.99	8.29	-8.82	-52
Special Tests	12.49	7.19	7.52	7.95	-4.54	-36
Selected Cardiac	7.21	5.40	6.15	5.67	-1.54	-21
Part B NEC	7.59	3.53	1.55	3.88	-3.71	-49
PRE-HOSPITAL						
Total Part B	31.35	38.89	51.80	58.75	27.40	87
Office Visits	5.97	7.18	8.37	9.57	3.60	60
Home Visits	0.07	0.02	0.00	0.03	-0.04	-57
SNF/NH Visits	0.10	0.10	0.01	0.00	-0.10	-100
ER Visits	2.92	2.87	3.08	4.20	1.28	44
Consults	1.47	1.39	1.25	1.70	0.23	16
Surgery	0.21	6.49	7.59	10.36	10.15	4833
Anesthesia	0.00	0.53	0.00	0.27	0.27	a
Lab	3.01	3.13	5.11	6.16	3.15	105
Radiology	12.06	13.05	17.78	19.13	7.07	59
CAT Scans	1.31	0.56	0.93	0.97	0.34	-26
Ultrasound	3.41	3.90	5.39	6.34	2.93	86
Special Tests	2.67	2.42	3.94	4.29	1.62	61
POST-HOSPITAL						
Total Part B	4.78	8.26	5.10	5.29	0.51	11
Office Visits	1.55	1.72	1.43	1.38	-0.17	-11
Home Visits	0.14	0.00	0.00	0.04	-0.10	-71
SNF/NH Visits	0.14	0.05	0.07	0.00	-0.65	-100
ER Visits	0.65	0.10	0.16	0.17	-0.48	-74
Consults	0.06	0.29	0.07	0.13	0.07	117
Surgery	0.15	3.03	0.93	0.78	0.63	-420
Anesthesia	0.00	0.01	0.17	0.00	0.00	a
Lab	0.65	0.85	0.84	0.58	-0.07	-11
Radiology	0.33	1.17	0.62	0.61	0.28	85
CAT Scans	0.00	0.00	0.00	0.09	0.09	a
Ultrasound	0.00	0.18	0.13	0.00	0.00	a
Special Tests	0.02	0.18	0.14	0.34	0.32	1600

[a]No percentage change can be calculated because of division by zero.

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

The numbers of services per admission by DRG, period, and type of service for the nine DRGs discussed in this section are given in Appendix B. We focus on expenditures here because changes in volume mask changes in the complexity of the services provided. For example, the number of radiology tests per admission could be the same for a given DRG pre-PPS and in PPS 3. But the PPS 3 volume might include more complex tests such as CAT scans or MRI. This increase in complexity would not be apparent from the volume alone but would show up in radiology expenditures because more complex tests are more expensive.

Appendix C includes tables showing expenditures and volumes per admission by DRG, period, and type of service for the twenty-seven study DRGs not discussed in this section.

Appendix D gives the percentage of admissions with positive (non-zero) expenditures and volumes by DRG, period, and type of service. Average expenditures and volumes for the positive cases only are also given.

Tables 3-10 through 3-18 show that inpatient expenditures increase for most of the DRGs in four service categories: surgery, special tests, ICU visits, and consults. For the three surgical DRGs the surgeons' fees represent by far the largest absolute dollar increase among the service categories. The surgeons' fees also dominate the inpatient expenditures for the catheterizations (DRGS 124 and 125) because we classify catheterizations as surgeries. Among these five DRGS, the surgery increases range from $36.92 (DRG 125) to $432.45 (DRG 106).

Inpatient expenditures for special tests and consults increase for all DRGs except 125 and 198 and ICU visit charges increase for all DRGs except 124, 125, and 198. The increases in special tests range from $2.60 (DRG 197) to $35.14 (DRG 124), for ICU visits from $1.36 (DRG 197) to $27.59 (DRG 106), and for consults from $5.16 (DRG 197) to $15.25 (DRG 106).

Expenditures for assistant surgeons and anesthesia increase for all surgical DRGs. These categories represent the second and third largest increases behind the surgeons' fees for two of the three surgical DRGs.

Hospital visits, laboratory, radiology, and Part B NEC show primarily inpatient expenditure decreases. Hospital visit dollar decreases are expected since lengths of stay decrease over the study years. However, lengths of stay decrease by a larger percentage than hospital visit expenditures for all but one DRG (198). This result mirrors the discussion of Section 3.4.1 where we saw that the number of inpatient physician contacts does not decrease at as fast a rate as lengths of stay. Hospital visit charges fall between $0.60 (DRG 140) and $51.24 (DRG 198).

Out of our nine selected DRGs, laboratory charges decrease for eight, radiology charges fall for five, and Part B NEC expenditures decrease for eight. Lab charges decrease between $3.38 (DRG 15) and $57.80 (DRG 106), but this is probably primarily due to the change in inpatient lab billing policies under TEFRA. Radiology expenditures fall between $3.03 (DRG 197) $35.67 (DRG 198) and Part B NEC charges fall between $0.91 (DRG 140) and $18.82 (DRG 106). Interestingly, radiology charges fall only for the surgical DRGs and the catheterizations; they rise slightly for the other medical DRGs. Also, lab charges rise for the Cholecystectomies. Decreases in inpatient expenditures for lab and radiology are expected effects of PPS. Lower charges suggest that fewer tests are being performed on the inpatient side but more tests may be performed on the outpatient side, a topic which is discussed below.

Overall, most of the absolute expenditure changes are under $15 for increases and decreases. Only a few are greater than $50 and these are concentrated in the surgery category. Expenditure increases greater than $15 are mainly in surgery, assistant surgery, anesthesia, and special tests. Decreases larger than $15 are mainly in hospital visits and radiology.

While inpatient expenditures for the surgical DRGs and the catheterizations are driven by the surgeons' fees, inpatient charges for the other medical DRGs do not depend primarily on any one or even just a few types of services. Changes in inpatient expenditures for the medical DRGs (minus the catheterizations) depend in general on the relative sizes of the increases in charges for special tests, ICU visits, and consults and the decreases in charges for hospital visits, lab, and Part B NEC.

Of course, some of the increases in nominal type of service expenditures are due to the two fee updates which occur during our study years. Since we do not have separate fee indexes by type of service we do not present deflated expenditures by type of service. Nevertheless, the increase in our overall Medicare allowed charge index (described in Section 3.3) can serve as a rough benchmark for the amount of the expenditure increases due to the fee updates. Our allowed charge index rose 8.2 percent from pre-PPS to PPS 3 so roughly any percentage increases greater than this are over and above what can be explained by the fee updates.

The large absolute increases in surgery, assistant surgery, and anesthesia fees can be explained almost entirely by the fee updates. The percentage rises are generally close to the increase in the allowed charge index. In contrast, the increases in charges for ICU visits, consults, and special tests are at least 15 percent with one exception (special test charges rise 6 percent for DRG 106). Thus, the increases in expenditures for ICU visits, consults, and special tests cannot be explained by the fee updates. There have been inpatient volume and/or complexity increases in these types of services from 1983 to 1986 and these increases occur despite the reductions in LOS.

Among the types of services for which expenditures generally decrease, radiology charges never decrease by more than 10 percent and hospital visits generally decrease by less than 15 percent. The only service category that shows consistently large percentage decreases is laboratory for which the decreases range from 65 percent to 91 percent. Again, this may be largely due to the change in inpatient lab billing under TEFRA. Of course, deflating these decreases for the fee updates would yield percentage declines that are roughly 8.2 percent higher. In addition, when radiology charges increase the rise never exceeds 10 percent which is approximately the size of the fee updates.

In sum, the main type of service categories responsible for increases in inpatient expenditures are surgery, assistant surgery, and anesthesia for the surgical DRGs and for the catheterization DRGS and special tests, ICU visits,

and consults for the medical DRGs. While the increases for surgery, assistant surgery, and anesthesia can be explained by the fee updates which occur between 1983 and 1986, the increases in expenditures for special tests, ICU visits, and consults are too large to be due solely to the fee updates. Apparently there have been increases in volume and/or complexity for these types of services.

3.4.3 Trends in Inpatient Expenditures For Radiology and Special Test Subcategories

In the previous section we saw that in general inpatient charges for special tests increase and radiology charges fall for the surgical DRGs and the catheterization DRGS while rising slightly for the other medical DRGs. In this section we describe the trends in the complex types of radiology and special tests to see whether they explain the observed patterns. This section is based on Tables 3-10 through 3-18.

Three subcategories of radiology are given in Tables 3-10 to 3-18: CAT scans, MRI, and ultrasound. While radiology charges decrease for five of the DRGs and increase for four, charges for both CAT scans and MRI generally increase. The dollar increases are generally less than $5 with the exception of the Strokes. However, the percentage increases are generally very large, ranging from 19 percent to 253 percent. There are no MRI expenditures until PPS 3 when some usage appears for the medical DRGs. The charges are usually less than $1. Ultrasound expenditures do fall for four DRGs (106, 14, 197, and 198) but rise for the other five. The absolute changes are generally small, under $2.50, but the percentage changes are often large. The percentage decreases range from -8 percent to -52 percent while the percentage increases range between 11 percent and 55 percent. In general, comparing the changes in total radiology charges with the changes in the complex subcategories shows that expenditures for complex radiology tests have risen more than the total. This means that routine radiology charges have fallen for most of the DRGs. Apparently, complex radiology tests have been substituted for routine tests.

We also break out expenditures for three subcategories of inpatient special tests: echocardiography (deleted for Cholecystectomies), doppler peripheral flow studies (deleted for Cholecystectomies), and selected cardiac procedures. Total inpatient expenditures on special tests rise for all DRGs except 125 and 198. Echocardiography charges increase for all DRGs. The rises are between $0.74 (DRG 125) and $7.05 (DRG 14) and are over 100 percent for four DRGs (132, 140, 14, and 15). Doppler expenditures also increase for all DRGs. The dollar increases are generally larger than for echocardiography and the percentage increases are usually huge. Five DRGs have doppler charges which rise over 500 percent (124, 132, 140, 14, and 15). Expenditures on the selected cardiac tests increase for nine DRGs and fall for three (106, 125, and 198). Most of the increases and decreases are under $5. The percentage changes tend to be smaller than for echocardiography and doppler studies. Only four DRGs have changes which exceed 20 percent (133, 140, 125, and 198).

The relationship between the change in total special test expenditures and the changes in the complex subcategories differs by DRG group. For Coronary Artery Disease total special test charges generally rise more than charges for the complex special tests; routine special tests rise for this group. For the Stroke group the net change in charges for the three special test subcategories is about the same as the rise in total special test bills; routine special test charges do not change much. For the Cholecystectomies the results are mixed. For DRG 198 total special test expenditures fall more than charges for the complex special tests but for DRG 197 special test charges rise more than charges for the complex special tests. Expenditures on routine special tests apparently fall for DRG 198 but rise for DRG 197.

Overall, expenditures on complex tests have risen in the radiology and special test categories. For radiology, charges on complex tests have risen more than the totals so routine test expenditures have fallen. This indicates that complex radiology tests have been substituted for routine tests. By contrast, spending on both complex and routine special tests has risen for most DRGs.

3.4.4 Trends in Outpatient Expenditures

In Section 3.2.2 we show that pre-hospital charges rise over the study years for every DRG and post-hospital charges increase for all but one DRG. Are these increases caused by a few types of services or are outpatient expenditures for all types of services rising?

Comparing the pre-hospital and post-hospital charges by type of service in Tables 3-10 through 3-18 shows that the increases occur primarily in the same categories. These are radiology, special tests, office visits, surgery, ER visits, and to a lesser extent consults and lab tests. While most of the changes are small in absolute terms the changes tend to be larger in the pre-hospital period. There are ten instances (out of a total of 68 DRG/type of service combinations with dollar increases) where pre-hospital charges rise by more than $5 and these occur only in the ER visits, radiology, surgery, and special tests categories. There are thirty-seven instances of rises between $1 and $5. Only two pre-hospital expenditure decreases are larger than $1. Only two post-hospital increases are over $5: surgery for DRGs 124 and 125. There are sixteen cases of increases between $1 and $5 primarily in the special tests, radiology, and surgery categories. No decrease is over $1.

The categories which have the largest absolute dollar increases also tend to have large percentage rises. Pre-hospital charges for surgery, ER visits, radiology, and special tests each rise by more than 50 percent for at least seven of the nine DRGs. Expenditures for consults and lab tests each rise by more than 50 percent for three DRGs. There are only five instances where pre-hospital expenditures by service category rise by less than 10 percent. Over half of the post-hospital increases are greater than 50 percent mainly in the special tests, radiology, surgery, consults, and the ER visits categories. Thus, nearly all of the increases are larger than can be accounted for by fee increases.

Among the sixteen instances where pre-hospital charges decrease, four are less than 10 percent and five are over 50 percent. Almost half of the post-hospital decreases are greater than 50 percent. The largest percentage

declines are concentrated in home and SNF visits where the absolute changes are usually under $0.10 per beneficiary.

In sum, outpatient spending has risen from the pre-PPS period to PPS 3 primarily in seven of the ten type of service categories: office visits, consults, ER visits, lab, radiology, special tests, and surgery. Changes in expenditures for home visits, SNF visits, and anesthesia are a mixture of increases and decreases. Most of the absolute changes are small, rarely exceeding $5. However, the percentage changes are generally huge, exceeding 50 percent in most cases.

3.4.5 Trends in Outpatient Expenditures For Radiology and Special Test Subcategories

The previous section shows that pre-hospital and post-hospital expenditures for radiology and special tests increase for all nine DRGs. This section describes the trends in complex radiology and special tests to see if they explain the increases. This section is based on Tables 3-10 through 3-18.

Pre and post-hospital spending for both radiology subcategories, CAT scans and ultrasound, increase from pre-PPS to PPS 3 for most DRGs. One notable exception is that both pre and post-hospital ultrasound expenditures fall for the Strokes. The absolute changes are less than $1 except the pre-hospital increases in CAT scan charges for the Strokes and Cholecystectomies which are between $1.62 and $3.03. Pre-PPS expenditures for CATs and ultrasound are zero in many cases but by PPS 3 these technologies are diffused to all DRGs; thus, much of the increases in expenditures are due to the new applications of CATs and ultrasound. For those DRGs with positive pre-PPS charges, the percentage increases in CATs and ultrasound spending are usually quite large, almost always greater than 50 percent. The percentage decreases are not quite as large; they generally exceed 20 percent but in only one case (pre-hospital ultrasound for DRG 15) is the decline larger than 50 percent.

For all nine DRGs, total outpatient radiology expenditures rise much more than the sum of CATs and ultrasound charges. This implies that increases in outpatient spending on routine radiology tests explain most of the increases in the totals.

We examine one outpatient special test subcategory, echocardiography (not applicable to Cholecystectomy). Pre and post hospital echocardiography charges each rise for five of the seven DRGs. In contrast to the CATs and ultrasounds, echocardiography was utilized pre-PPS for almost all of the DRGs. Like CATs and ultrasound, the absolute charges are nearly always under $1 but the percentage changes are generally very large. The increases always exceed 20 percent and are often greater than 100 percent; only one decrease is greater than 15 percent. In almost all cases, total outpatient special test charges rise much more than echocardiography bills. Routine special tests apparently account for most of the increases in outpatient special test spending.

Comparing the trends in inpatient and outpatient expenditures on CATs, ultrasound, and echocardiography shows that there are increases in both settings. Routine special test spending also appears to have risen on both the inpatient and outpatient sides. However, while routine inpatient radiology bills have fallen, routine outpatient radiology charges have risen. This suggests that there has been a substitution of routine outpatient for routine inpatient radiology tests.

3.5 Inpatient - Outpatient Substitution

PPS is expected to lead to a shift of physician services from the inpatient to outpatient settings. In the previous section we discussed changes over the study years separately for inpatient, pre-hospital, and post-hospital expenditures by service category. In this section we compare inpatient and outpatient charges to see if they provide evidence of the expected outpatient for inpatient substitution.

Table 3-19 gives the percentage changes in inpatient, outpatient, and hospital episode expenditures from pre-PPS to PPS 3 by DRG for the six major service categories: visits, consults, surgery, lab, radiology, and special tests. Outpatient charges are the sum of pre-hospital and post-hospital expenditures. Inpatient visits are the sum of hospital and ICU visits. Outpatient visits are the sum of office, home, SNF, and ER visits. Hospital episode expenditures are the sum of inpatient and outpatient charges. The total column refers to the sum of charges across the six type of service categories. It differs from total Part B expenditures in Tables 3-10 to 3-18 because assistant surgery, anesthesia, and Part B NEC are omitted here.

The lab, radiology, and visit categories provide the most direct evidence of outpatient for inpatient substitution; that is, inpatient charges fall while outpatient charges rise. Six of the nine DRGs show a pattern of decreasing inpatient lab charges and increasing outpatient lab charges. Because of changes in laboratory billing, the true extent of outpatient for inpatient substitution may be misstated but we do not know whether our data overstate or understate the substitution. The ability of physicians to bill for complete procedures on the outpatient side but only for interpretation on the inpatient side will overstate the substitution. The direct billing policy for lab services will decrease lab charges on the outpatient side and changes in lab billing under TEFRA decrease Part B lab changes on the inpatient side. Hospital episode lab charges decrease for seven of the DRGs and the percentage changes are close to the inpatient percentages.

Six DRGs have decreases or no change in inpatient radiology expenditures and increasing outpatient radiology charges. Like lab charges, the percentage changes in episode radiology bills are close to the inpatient percentages. Episode radiology charges fall for four of the DRGs. While these results provide evidence of outpatient for inpatient substitution of radiology tests, physicians can bill for complete procedures in outpatient settings but only for interpretation in inpatient settings. Like lab tests, this billing phenomenon tends to overstate the substitution in radiology tests.

TABLE 3-19

PERCENT CHANGE IN EXPENDITURES BY DRG AND TYPE OF SERVICE, Pre-PPS to PPS 3

	Visits	Consults	Surgery	Lab	Radiology	Special Tests	Total
Coronary Artery Disease							
DRG 106							
Inpatient	2%	20%	11%	-83%	-13%	6%	8%
Outpatient	48	-10	272	24	64	31	44
Episode	4	18	11	-76	-10	10	8
DRG 124							
Inpatient	-11	17	21	-65	-19	53	9
Outpatient	13	-22	1111	-22	95	43	57
Episode	-9	12	26	-46	-13	51	12
DRG 125							
Inpatient	-14	-7	7	-84	-28	-5	-2
Outpatient	27	59	605	19	60	55	71
Episode	-10	1	9	-49	-21	2	2
DRG 132							
Inpatient	-4	53	13	-73	9	66	7
Outpatient	71	105	341	51	128	110	100
Episode	2	55	52	-29	20	74	16
DRG 140							
Inpatient	2	47	-13	-76	9	45	7
Outpatient	42	48	537	9	74	55	61
Episode	6	47	50	-44	17	48	14
Stroke							
DRG 14							
Inpatient	-7	28	53	-84	10	55	2
Outpatient	43	72	480	2	84	160	71
Episode	-6	31	91	-56	16	64	7
DRG 15							
Inpatient	5	27	-3	-78	0	87	10
Outpatient	51	17	797	20	14	159	58
Episode	10	26	42	-33	2	99	15
Cholecystectomy							
DRG 197							
Inpatient	7	18	12	69	-3	23	11
Outpatient	58	122	240	78	62	131	81
Episode	11	22	13	70	5	41	14
DRG 198							
Inpatient	-46	-40	7	46	-44	-36	-4
Outpatient	33	20	3085	84	59	72	84
Episode	-39	-37	9	52	-30	-17	-1

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

Inpatient visit charges decrease while outpatient visit expenditures increase for five DRGs. However, seven DRGs show a fall in hospital visit bills and an increase in outpatient visit charges. This occurs because ICU visit expenditures rise for most of the DRGs and offset the hospital visit declines for two DRGs. Episode charges for visits decrease for just seven DRGs. Again, the percentage changes for episode visit expenditures are close to the percentage changes for inpatient visits.

While the number of instances in Table 3-19 providing direct evidence of outpatient for inpatient substitution is limited, Table 3-19 also shows that the outpatient expenditure changes are much larger in percentage terms. This result reinforces the discussion of Section 3.2.2 where large percentage rises in both pre-hospital and post-hospital expenditures were documented. When inpatient charges fall, outpatient charges usually rise by a much larger percentage. For example, for DRG 106 inpatient radiology charges fall by -13 percent but outpatient radiology charges rise by 64 percent. Even when both inpatient and outpatient charges rise, the percentage increase is generally much larger for outpatient charges. For example, for DRG 106 inpatient visit charges rise by 2 percent and outpatient visit charges rise by 48 percent.

Mirroring the discussion in Section 3.3, inpatient expenditures often rise by about the same percentage as the fee updates (roughly 8 percent). One-third of the increases in inpatient spending are 10 percent or less. By contrast, two-thirds of the increases in outpatient spending are 50 percent or higher. Some of the increases in outpatient expenditures are huge: outpatient surgery bills rise by 1111 percent for DRG 124 and by 3085 percent for DRG 198! The result is strongest for visits, surgery, lab, and radiology. For these four categories for all nine DRGs we see either a decrease in inpatient charges and an increase in outpatient bills or a much larger percentage increase in outpatient charges than in inpatient charges. These same types of patterns hold for five DRGs for consults and for seven DRGs for special tests. These large percentage increases in outpatient charges by service category combined with the much smaller inpatient increases provide further evidence of outpatient for inpatient substitution for all six type of service categories.

Table 3-20 shows the absolute changes in inpatient, outpatient, and hospital episode expenditures from pre-PPS to PPS 3 by DRG for the six types of services. The table shows that the dollar increases in outpatient charges are much smaller than the dollar changes in inpatient charges. In those instances where inpatient charges decrease while outpatient charges increase, the dollar change on the inpatient side is usually much larger. For example, for DRG 124 inpatient visit bills fall by $29.98 but outpatient visit bills rise by just $2.96. Thus, the substitution is not one-for-one on a dollar basis. When both inpatient and outpatient expenditures rise, the absolute change is generally much larger on the inpatient side. For example, for DRG 124 inpatient special test bills rise $35.14 but outpatient special test bills rise by $7.18. The exception to this pattern is that in those instances for visits and radiology where both inpatient and outpatient charges increase, the increases are of similar magnitudes. For example, for DRG 106 inpatient visit expenditures rise $9.18 and outpatient visit charges rise $8.00. Of course, as seen above, these changes represent much higher percentage increases on the outpatient side.

3.6 Period-to-period Changes in Expenditures

3.6.1 Changes in Total Inpatient and Outpatient Expenditures

In the previous sections we have explored the overall trends in inpatient and outpatient expenditures from pre-PPS to PPS 3. Here we describe the period-to-period trends in inpatient and outpatient charges to see if the trends are continuous throughout the study years or if some expenditure changes are concentrated in certain periods.

The period-to-period percentage changes in inpatient and outpatient expenditures by DRG are given in Table 3-21. Inpatient expenditures decrease for more than half of the DRGs from pre-PPS to PPS 1 and for four DRGs from PPS 1 to PPS 2 but they rise for all DRGs from PPS 2 to PPS 3. The decreases from pre-PPS to PPS 1 are mainly in the medical DRGs while the decreases from

TABLE 3-20

DOLLAR CHANGE IN EXPENDITURES BY DRG AND TYPE OF SERVICE, Pre-PPS to PPS 3

	Visits	Consults	Surgery	Lab	Radiology	Special Tests	Total
Coronary Artery Disease							
DRG 106							
Inpatient	$9.18	$15.25	$432.45	-$50.77	-$27.32	$7.34	$386.13
Outpatient	8.00	-.63	5.05	1.01	4.66	6.01	24.10
Episode	17.18	14.62	437.50	-49.76	-22.66	13.35	410.23
DRG 124							
Inpatient	-29.98	7.80	104.43	-5.62	-21.18	35.14	90.59
Outpatient	2.96	-1.38	21.68	-1.47	6.05	7.18	35.02
Episode	-27.02	6.42	126.11	-7.09	-15.13	42.32	125.61
DRG 125							
Inpatient	-19.89	-2.15	36.92	-6.60	-26.25	-2.22	-20.19
Outpatient	4.34	2.43	13.68	.78	5.03	9.30	35.56
Episode	-15.55	.28	50.60	-5.82	-21.22	7.08	15.37
DRG 132							
Inpatient	-7.28	9.41	1.66	-3.97	3.75	16.27	19.84
Outpatient	11.03	.75	5.78	1.51	5.33	5.93	30.33
Episode	3.75	10.16	7.44	-2.46	9.08	22.20	50.17
DRG 140							
Inpatient	2.74	6.99	-1.03	-3.83	2.23	10.10	17.20
Outpatient	7.65	.42	5.61	.28	2.99	4.80	21.75
Episode	10.39	7.41	4.58	-3.55	5.22	14.90	38.95
Stroke							
DRG 14							
Inpatient	-25.26	11.54	5.27	-6.77	9.83	14.04	8.65
Outpatient	7.63	1.52	4.64	.08	6.26	3.82	23.95
Episode	-17.63	13.06	9.91	-6.69	16.09	17.86	32.60
DRG 15							
Inpatient	8.38	8.02	-.40	-3.38	.25	21.16	34.03
Outpatient	8.90	.45	5.66	.74	1.78	7.27	24.80
Episode	17.28	8.47	5.26	-2.64	2.03	28.43	58.83
Cholecystectomy							
DRG 197							
Inpatient	9.89	5.15	90.02	13.11	-3.02	2.60	117.75
Outpatient	7.40	1.35	6.78	3.72	7.89	2.88	30.02
Episode	17.29	6.50	96.80	16.83	4.87	5.48	147.77
DRG 198							
Inpatient	-52.79	-9.93	54.53	9.27	-35.67	-4.54	-39.13
Outpatient	3.84	.30	10.80	3.08	7.35	1.94	27.31
Episode	-48.95	-9.63	65.33	12.35	-28.32	-2.60	-11.82

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE 3-21

PERIOD-TO-PERIOD PERCENTAGE CHANGES IN INPATIENT AND OUTPATIENT EXPENDITURES

Periods:	Pre-PPS to PPS 1		PPS 1 to PPS 2		PPS 2 to PPS 3		Pre-PPS to PPS 3	
	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
Coronary Artery Disease								
DRG 106	4.7%	10.3%	1.1%	15.2%	1.8%	8.0%	7.7%	37.2%
DRG 124	-1.3	20.4	2.4	48.3	6.6	-3.9	7.7	71.7
DRG 125	-3.3	43.8	-2.4	10.7	3.9	6.3	-2.0	69.2
DRG 132	-3.8	21.1	1.2	31.5	8.9	11.3	6.1	77.1
DRG 140	-3.3	26.7	2.7	18.3	7.3	3.1	6.6	54.6
Stroke								
DRG 14	-3.3	-2.3	-0.2	31.6	3.1	11.8	-0.5	43.8
DRG 15	1.8	16.9	3.6	13.8	2.7	7.9	8.4	43.5
Cholecystetctomy								
DRG 197	12.1	15.6	-1.7	22.2	1.9	23.3	12.2	74.1
DRG 198	-0.6	30.5	-1.7	20.7	1.5	12.6	-0.9	77.2

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

PPS 1 to PPS 2 are mainly in the surgical DRGs. The general pattern of change is that there is either a decrease or a slower increase in inpatient charges in the first two years of PPS but the rate of increase picks up again by PPS 3. On the other hand, outpatient charges rise period-to-period for all but two cases. Outpatient charges rise at the fastest rates from pre-PPS to PPS 1 and from PPS 1 to PPS 2; the rate of increase falls off by PPS 3.

These results suggest that the PPS effect of shifting physician services to outpatient settings occurred mainly in the first two years after the inception of PPS. By PPS 3 inpatient expenditures have resumed their upward trend and outpatient expenditures are growing at more moderate rates.

3.6.2 Changes by Type of Service

The previous section describes the period-to-period changes in total inpatient and outpatient expenditures. In this section we discuss the period-to-period expenditure changes by type of service in order to determine which services are driving the patterns in total expenditures. Refer again to Tables 3-10 through 3-18.

The overall pattern in inpatient charges described in the previous section is of decreases or slower increases in PPS 1 and PPS 2 with a resumption of faster rates of increase by PPS 3. This pattern is seen in hospital visits, ICU visits, lab, radiology, special tests, and Part B NEC. For each of these service categories, inpatient expenditures fall from pre-PPS to PPS 1 for most of the DRGs. Inpatient charges for hospital visits, radiology, and surgery fall for most DRGs from PPS 1 to PPS 2. By PPS 3 charges in each category except Part B NEC are increasing for nearly all of the DRGs.

The different patterns in total inpatient expenditures which are seen for surgical versus medical DRGs can be explained by looking at the patterns in charges by type of service. In the previous section we saw that inpatient charges tend to fall the most between the pre-PPS period and PPS 1 for the medical DRGs and between PPS 1 and PPS 2 for the surgical DRGs.

Inpatient charges fall from pre-PPS to PPS 1 for all six medical DRGs in the hospital visits, lab, and Part B NEC categories. These are the main types of services causing total inpatient expenditures to fall from pre-PPS to PPS 1. Inpatient charges for hospital visits and radiology also decline between PPS 1 and PPS 2 for most of the medical DRGs, but because the decreases in expenditures are not consistent across the service categories and DRGs, total inpatient expenditures fall for only two of the DRGs. By PPS 3 inpatient charges are increasing for most of the medical DRGs for most of the types of services.

Total inpatient charges fall for only one of the three surgical DRGs from pre-PPS to PPS 1 (DRG 198). Declines in other service categories are offset in the other two cases by increases in surgery, assistant surgery, and anesthesia fees. From PPS 1 to PPS 2 inpatient charges decrease for the Cholecystectomies but rise for the CABG DRG 106. The most consistent declines are in hospital visits, anesthesia, and radiology. Expenditures also fall for the Cholecystectomies in the ICU visits, consults, and surgery categories and for DRG 106 for assistant surgery and lab. While these decreases are not offset for the Cholecystectomies so total inpatient charges fall from PPS 1 to PPS 2, the decreases for DRG 106 are offset by increases in expenditures for the other types of services, especially surgery fees. By PPS 3 inpatient charges for most services are rising for the surgical DRGs. Consequently, inpatient expenditures rise from PPS 2 to PPS 3 for all of the surgical DRGs.

Most of the period-to-period changes in outpatient charges are increases for every type of service. Outpatient expenditures increase for eight DRGs each between the pre-PPS period and PPS 1, PPS 1 and PPS 2, and between PPS 2 and PPS 3 in the office visit, surgery, radiology, and special tests categories. Consult and ER visit charges rise with slightly less frequency. Lab expenditures decrease for four DRGs from pre-PPS to PPS 1 which is probably due to the change in lab billing policies which went into effect during PPS 1. After PPS 1 lab charges do increase for most DRGs. There do not appear to be patterns in home and SNF visit expenditures; very few beneficiaries have any charges for these types of services and the charges are

very small and have little effect on total outpatient dollars. Overall, outpatient expenditures increase from period to period because of rises across the service categories.

4.0 MULTIVARIATE ANALYSIS

4.1 Introduction and Overview

The preceding chapter presents descriptive statistics on the time trends in expenditures and utilization for selected DRGs. While this tabular analysis is instructive in attempting to determine PPS effects, it does not hold constant other factors which affect expenditures and utilization. In this chapter we perform multivariate analyses in order to isolate the impacts of PPS.

Section 4.2 describes the regression models. We discuss the expenditure and utilization measures used as dependent variables, the measures of PPS used, the variables that we want to hold constant in order to isolate the PPS effects, and the estimation method.

Section 4.3 discusses the regression results. A graphical analysis of the PPS effects is first presented. We also calculate the absolute and percentage changes in the dependent variables by period as a result of PPS. Finally, the results for the covariates are described.

4.2 Specification

4.2.1 Dependent Variables

We are interested in estimating the effects of PPS on inpatient versus outpatient expenditures and utilization. Since the percentage of patients with outpatient Part B bills is about 70 percent for each DRG group, we estimate equations for inpatient and hospital episode utilization and expenditures. With so many patients having a zero value for outpatient expenditures, estimating an ordinary least squares regression is not feasible. While it is possible to use a more sophisticated model, the Tobit model, which accounts for zero values, the use of this model assumes that an equation can be specified which explains why some patients have zero

outpatient expenditures and others have positive expenditures. We did not feel that we could accurately estimate such an equation. Variables that determine if a patient has outpatient expenditures are likely to include physician characteristics and patient clinical characteristics on which we have no information. Furthermore, by comparing the results for inpatient and hospital episode expenditures and utilization, we can infer the effects of PPS on the outpatient side.

On the inpatient side, we estimate equations for length of stay, total number of inpatient physician contacts, total inpatient Part B expenditures, total inpatient Part B expenditures per inpatient day, and inpatient expenditures on tests (laboratory, radiology, and special tests combined). For the hospital episode, we estimate equations for total episode Part B expenditures, total episode Part B expenditures per episode day, total number of episode physician contacts, and episode expenditures on tests (laboratory, radiology, and special tests combined).

Using these dependent variables allows us to estimate the different effects which PPS has had on total inpatient and episode expenditures and on some of the components of the totals. We estimate type of service equations only for physician contacts and tests because there are not enough positive values for the other type of service categories to justify separate estimations.

4.2.2 Independent Variables

PPS Variables

There are a variety of ways in which to measure PPS in our regressions. Hospitals came onto PPS in different quarters depending on their fiscal year and might not have reacted to PPS until they actually came onto the program. The simplest way to measure this effect is to include a dummy variable for whether or not the hospital in which the patient was treated was on PPS at the time of discharge. However, PPS may not have a constant effect over the PPS period. PPS may affect expenditures and utilization with a lag so the effects

may be smaller at first and then grow; the effects may accumulate over time and become larger as the program continues or they may diminish after reaching a peak. On the other hand, PPS may have a large initial impact which diminishes over time.

In order to allow for differential PPS impacts over time, we estimate regressions with two measures of the hospital's being on PPS: the number of quarters that the hospital was on PPS up to and including the quarter of the patient's discharge and this variable squared. This specification yields a quadratic relationship between the dependent variable and the number of quarters the hospital was on PPS, with the magnitude of the PPS effect varying by quarter. We use this specification as a means of obtaining different PPS effects over time instead of lagged values of this PPS measure because current and past values of a variable tend to be highly correlated with each other and the number of lags used is arbritrary.

Hospitals may have reacted to PPS from the start of the program nationally, not just from when the hospital came onto PPS. Including measures of both the PPS program and the hospital's being on PPS allows us to see if hospitals responded to the implementation of the program nationally and/or to their being brought under the program. Analogous to the hospital's being on PPS, the PPS program may have nonlinear effects on the dependent variables. We attempted to estimate regression equations using the number of quarters PPS was in effect up to and including the quarter of the patient's discharge and this variable squared, but these measures were too highly correlated with our time trend variable to allow estimation with this specification. Even dropping the squared term did not alleviate the problem. Consequently, we use as the PPS program variable a dummy variable denoting if the patient was discharged on or after October 1, 1983, the starting date of PPS. Unfortunately, this means that we cannot estimate the time path of the PPS program effects. Instead, using a PPS program dummy variable gives us the average effect over the PPS period.

Covariates

Many factors other than PPS might affect our dependent variables. Since we want to isolate the impact of PPS we should include measures of these other factors in our regressions. The covariates can be divided into three groups: patient demographic variables, county level variables, and hospital level variables.

The unit of observation in our regressions is the individual admission. Characteristics of the patient are expected to affect utilization and expenditures in so far as they reflect the patient's severity of illness. A number of variables are available from the Part A claims. We include the patient's age, gender, race, Medicare status, discharge status, DRG, and two variables constructed from the diagnosis codes on the Part A claim. The claim includes up to five diagnoses. One measure which we use is the number of diagnoses. The second measure is whether or not the patient has any diagnosis which is a life-threatening condition. This latter variable was constructed by our in-house medical consultant, Robert Boutwell, M.D. Greater severity of illness is expected to lead to higher inpatient and outpatient expenditures and a longer length of stay. We can predict that greater severity of illness is reflected by age, a Medicare status of disabled or ESRD, a discharge status of expired, more diagnoses, and any life-threatening diagnosis. We also expect length of stay to be longer for women and nonwhites (Gornick, 1982); inpatient expenditures should also be higher for women and nonwhites if longer lengths of stay lead to higher expenditures.

In addition to patient characteristics from the claims data, variables reflecting factors about the county in which the hospital is located and about the hospital itself also affect volumes and expenditures. Table 4-1 lists the raw county and hospital variables and their data sources. The variables given in Table 4-1 were used to construct the county and hospital level regression covariates.

Eight county level variables are included in the regressions. The number of physicians per capita reflects physician supply and patient access. The more physicians per capita there are in an area, the more services should

TABLE 4-1

SECONDARY DATA SOURCES

Variable	Data Sources
County Level	
Per Capita Income	Area Resource File
Population	Area Resource File
Cost of Living	Center for Health Economics Research
Medicare Fee Index	Center for Health Economics Research
Physician Practice Cost Index	Center for Health Economics Research and Urban Institute
Number of Medicare Beneficiaries	HCFA
Number of Physicians	Physician Distribution and Medical Licensure in the U.S.
HMO Membership	Interstudy
Nursing Home Beds	Alabama State Health Planning and Development Agency Connecticut State Department of Health Washington Deptartment of Social of Social and Health Services Wisconsin Division of Health
Hospital Level	
Number of Residents	American Hospital Association
Number of Beds	American Hospital Association
Occupancy Rate	American Hospital association
Hospital Ownership	American Hospital Association
Long-term Care Unit	American Hospital Association
Urban/Rural Location	Medicare Cost Report
Date Hospital Came Onto PPS	HCFA

be provided. More physicians also means that patients have greater access to physician services which should also lead to more services being provided. Thus, we expect that physicians per capita has a positive effect on expenditures. The effect on length of stay is less certain. More physicians may lead to longer lengths of stay if more services per hospital stay are provided.

The number of beneficiaries per capita reflects patient demand and access. The more beneficiaries per capita, the higher is the demand for Medicare services. This should lead to more services and higher expenditures. On the other hand, more beneficiaries means that patient access to medical care is poorer so fewer services should be provided. The net effect of beneficiaries per capita on utilization and expenditures is uncertain.

HMO enrollees per capita measures non-Medicare demand and area practice patterns. Greater HMO penetration should decrease non-Medicare demand and lead to an increase in Medicare volumes and expenditures. However, HMOs traditionally have a physician-intensive style of practice which influences non-HMO practice patterns. This may reduce inpatient spending and lengths of stay but increase outpatient spending. Thus, the effect of HMO enrollment on our dependent variables is uncertain.

We also include the number of nursing home beds per capita. A larger supply of nursing home beds may lead to lower inpatient utilization and expenditures and higher outpatient volumes and expenditures because patients can be discharged sooner to a nursing home.

Higher per capita income increases non-Medicare demand and so should reduce Medicare volumes and expenditures. However, this variable may also reflect an area's ability to support high technology modes of medical care and consequently measure omitted trends in technology growth. The net effect of per capita income on Medicare volumes and expenditures is ambiguous.

Physician practice costs may be positively related to Medicare expenditures and volumes. Physicians could increase their volume of services as a means of increasing their revenues to compensate for the higher costs.

However, it is also possible that physicians increase their balance billing amounts instead. Zuckerman, Welch, and Pope (1987) constructed a geographic practice cost index which we use. This index does not vary temporally.

The cost of living should have an effect on volumes and expenditures similar to that of physician practice costs. In so far as the cost of living reflects physicians' costs of living it should induce physicians to attempt to raise the volume of services provided, and thus Medicare expenditures, as compensation. On the other hand, in so far as the cost of living reflects patients' costs of living, volumes and expenditures may decrease. A higher cost of living for patients means that, given income, they must reduce consumption which may include the consumption of medical care.

To control for the Medicare fee updates which occurred during the study years, we include an index of Medicare physician fees developed by Mitchell, Wedig, and Cromwell (1988) (described more fully in Section 3.3). As fees increase, expenditures should also increase.

We also include seven measures of hospital characteristics. These may have a greater effect on the inpatient side but the manner of treating patients in the hospital should influence the outpatient treatments provided.

Whether the hospital is located in an urban or rural area is included. In urban areas patients have greater access to medical care. There may also be different styles of practice in urban versus rural areas such as greater use of high-technology modes of care in urban areas. For these two reasons, expenditures and utilization would be higher in urban areas.

The state in which the hospital is located is also included to control for geographic differences in physician practice patterns. Specifically, we expect that inpatient utilization and expenditures are lower in the West which may in turn cause higher outpatient volumes and spending.

We also include the ratio of residents to beds. Teaching hospitals tend to have more high-technology medical practices which would lead to more inpatient expenditures and utilization. Outpatient volumes and spending may also be higher if physicians who admit their patients to teaching hospitals order more outpatient testing. However, medical residents do not submit

Part B bills. Consequently, inpatient and outpatient expenditures and service volumes may be lower for patient treated in teaching hospitals because our data do not include services provided by residents, whether inpatient or outpatient.

Hospital ownership may also affect volumes and expenditures. Proprietary hospitals are generally known to have shorter lengths of stay (see Freund, et al., 1985). This could be due either to the greater efficiency of investor-owned hospitals or because proprietary hospitals select less severe cases. Proprietary hospitals may also have lower inpatient expenditures due to either greater efficiency or less sick patients. Less sick patients would also lead to smaller outpatient expenditures but if proprietary hospitals shift services from inpatient to outpatient settings moreso than non-profit hospitals, outpatient expenditures may be higher for proprietary hospitals.

Whether the hospital has a long-term care unit may also affect the treatment of patients. Hospitals may discharge patients to their own long-term care unit sooner, reducing length of stay and inpatient expenditures and volumes. Outpatient expenditures may be higher if some services are performed in the long-term care unit that would otherwise occur during the inpatient period.

Bigger hospitals, those with more beds, are expected to have more high-technology, intensive care. This would lead to longer lengths of stay and larger inpatient expenditures and service volumes. Outpatient expenditures and volumes could also be higher if care is also more intensive before or after the hospitalization. If there is less shifting in bigger hospitals from the inpatient to outpatient settings, outpatient expenditures and volumes would be lower for larger hospitals.

The final hospital level variable which we include is the hospital's occupancy rate. Gornick (1982) has found occupancy to be positively correlated with length of stay. Inpatient expenditures would also be higher if they are positively correlated with length of stay. Outpatient spending may consequently be lower.

4.2.3 Estimation Method

We estimate our regression equations using ordinary least squares. Separate regressions are estimated for the three DRG groups on which we focused particular attention in Chapter 3.0. These are Coronary Artery Disease, Strokes, and Cholecystectomies. While we did not include all of the DRGs in these groups in our descriptive analyses, we do include them all in our regression analyses. In addition, in the descriptive analyses, we eliminated all data from the last quarter of 1986; this data is included in the regressions. In order to reduce the sample sizes and to make the sample sizes comparable over time, we took a 20 percent sample of admissions for 1984-1986. Since we only have a 20 percent sample of admissions for 1983 to begin with, this eliminates the problem of under-weighting 1983.

Since our PPS variables vary by quarter, we feel that it is important to have quarterly measures of the hospital and county covariates. Unfortunately, data on most of our variables are not available quarterly. We used the annual values which are available and interpolated to obtain quarterly values. The interpolation method used was to assume that the rate of growth was constant over the four quarters between one annual data point and the next.

Using the individual patient as the unit of observation eliminates some econometric problems. First, the explanatory variables can be assumed exogenous with respect to an individual, so we do not have to resort to simultaneous equations models. Second, we are able to include many variables which are specific to the individual patient, such as demographic variables and measures of illness severity. This allows us to have a more complete specification than if grouped data were used, so problems of omitted variable bias are diminished.

4.3 Regression Results

Table 4-2 gives the variables used in the regressions and their definitions and Table 4-3 gives their means for each DRG group. These are the

TABLE 4-2

DEFINITIONS OF REGRESSION VARIABLES

Variable	Definition
LOS	patient's hospital length of stay
Episode Contacts	number of physician contacts for the patient for the hospital episode
Episode Dollars	total allowed charges for the patient for the hospital episode
Episode Dollars Per Day	total allowed charges per day for the patient for the hospital episode
Inpatient Dollars Per Day	total allowed charges per day for the patient for the hospital stay
Episode Test Dollars	total allowed charges for lab, radiology, and special tests for the patient for the hospital episode
PPS Program	1 if discharge was 10-1-83 or after; 0 otherwise
Qtrs. HOSP on PPS	number of quarters the hospital was on PPS up to the discharge date
Qtrs. HOSP on PPS Sqr	Qtrs HOSP on PPS squared
Age	patient's age in years
Race	1 if the patient is white; 0 otherwise
Sex	1 if the patient is male; 0 otherwise
Medicare Status	1 if the patient is aged Medicare; 0 otherwise
Discharge Status	1 if the patient died in the hospital; 0 otherwise
No. of Diagnoses	number of diagnoses of the patient
Lifethreatening	1 if the patient has any lifethreatening diagnosis; 0 otherwise
DRGs	dummy variables specifying the patient's DRG (the omitted DRGs are DRG 15 for Stroke, DRG 140 for Coronary Artery Disease, and DRG 198 for Cholecystectomy)
Quarter	quarter of discharge from 1 to 16
Alabama	1 if the hospital is in Alabama; 0 otherwise
Connecticut	1 if the hospital is in Connecticut; 0 otherwise
Wisconsin	1 if the hospital is in Wisconsin; 0 otherwise (Washington is the omitted state)

TABLE 4-2 (continued)

DEFINITIONS OF REGRESSION VARIABLES

Variable	Definition
Urban	1 if the hospital is in an urban area; 0 otherwise
Residents/Beds	number of residents per bed
No. of Beds	number of beds in the hospital in 100s
Occupancy	hospital's occupancy rate
Voluntary	1 if the hospital is voluntary; 0 otherwise
Proprietary	1 if the hospital is proprietary; 0 otherwise (governmental is the omitted category)
Longterm Unit	1 if the hospital has a long term unit; 0 otherwise
Per Capita Income	average per capita income in the hospital's county
Beneficiaries/Pop	beneficiaries per 100 population in the hospital's county
Physicians/Pop	physicians per 100 population in the hospital's county
HMO Enroll/Pop	HMO enrollees per 100 population in the hospital's county
Nursing Beds/Pop	nursing home beds per 100 population in the hospital's county
Cost of Living	cost of living index for the hospital's county
MD Cost	geographic index of physician practice costs
Fees	index of physicians' allowed charges

TABLE 4-3

MEANS OF REGRESSION VARIABLES

Variable	MEAN		
	Coronary Artery Disease	Strokes	Cholecystectomy
LOS	7.9	9.9	11.9
Episode Contacts	8.1	10.9	7.4
Episode Dollars	$1346.12	$516.93	$1536.34
Episode Dollars Per Day	$ 51.98	$ 21.05	$ 59.44
Inpatient Dollars Per Day	$ 142.14	$ 56.90	$ 140.20
Episode Test Dollars	$ 136.79	$166.58	$ 161.00
PPS Program	0.79	0.82	0.82
Qtrs. HOSP on PPS	4.7	4.6	4.7
Qtrs. HOSP on PPS Sqr	40.0	38.3	39.2
Age	71.7	77.2	72.0
Race	0.93	0.90	0.94
Sex	0.51	0.43	0.39
Medicare Status	0.86	0.95	0.92
Discharge Status	0.02	0.11	0.02
No. of Diagnoses	3.3	3.4	2.9
Lifethreatening	0.95	0.61	0.30
Quarter	8.5	8.5	8.5
Alabama	0.35	0.31	0.28
Connecticut	0.17	0.17	0.18
Wisconsin	0.29	0.32	0.33
Urban	0.78	0.72	0.75
Residents/Beds	0.05	0.03	0.03
No. of Beds	3.2	2.7	2.8
Occupancy	66.7	64.1	65.1
Voluntary	0.73	0.76	0.78
Proprietary	0.07	0.07	0.07
Longterm unit	0.07	0.08	0.07
Per Capita Income	13.0	12.9	13.0
Beneficiaries/Pop	13.2	13.3	13.2
Physicians/Pop	0.18	0.17	0.18
HMO Enroll/Pop	7.8	7.4	7.8
Nursing Beds/Pop	0.79	0.82	0.83
Cost of Living	1.14	1.14	1.14
MD Cost	0.96	0.96	0.96
Fees	1.14	1.14	1.14
DRG 106	0.10		
DRG 107	0.06		
DRG 124	0.07		
DRG 125	0.16		
DRG 132	0.13		
DRG 133	0.03		
DRG 14		0.66	
DRG 195			0.19
DRG 196			0.02
DRG 197			0.61

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

means taken over the entire 1983-1986 period. For example, the mean lengths of stay are 7.9 days for Coronary Artery Disease, 9.9 for Strokes, and 11.9 for Cholecystectomies.

Tables 4-4, 4-5, and 4-6 give the regression results for the three DRG groups for six of the dependent variables: length of stay, number of episode physician contacts, total episode expenditures, episode expenditures per day, inpatient expenditures per day, and episode expenditures on tests. The t-statistics for these regressions are given in Appendix E. The results for inpatient expenditures, inpatient physician contacts, and inpatient expenditures on tests are nearly the same as for the analogous episode measures and are given in Appendix F.

The regression estimates are virtually identical for the inpatient and hospital episode variables because inpatient expenditures are much larger in magnitude than outpatient expenditures. Consequently, the episode measures are nearly equal to the inpatient measures.

4.3.1 Results for the PPS Variables

The three PPS variables, PPS Program (the PPS program dummy variable), Qtrs HOSP on PPS (the number of quarters the hospital was on PPS), and Qtrs HOSP on PPS Sqr (the latter variable squared), are all statistically significant in the LOS, episode expenditures, episode contacts, and episode test equations for Coronary Artery Disease and Strokes. In the rest of the equations, usually one or two of the three PPS variables are significant. However, in all regressions except episode dollars per day for Cholecystectomies the three measures are jointly significant. In addition, we estimated all regressions with various combinations of the three measures and found that the combined quantitative effects of PPS do not differ much depending on the specification. Consequently, we present only the results with all three PPS measures.

TABLE 4-4

REGRESSION RESULTS FOR CORONARY ARTERY DISEASE

	DEPENDENT VARIABLE					
INDEPENDENT VARIABLE	LOS	Number Episode Contacts	Episode Dollars	Episode Dollars Per Day	Inpatient Dollars Per Day	Episode Test Dollars
Intercept	-0.03	-5.90**	-2417.54**	-63.51**	-105.33**	-50.35
PPS Program	-1.81**	-1.50**	-72.73**	0.31	13.44**	-29.16**
Qtrs HOSP on PPS	-0.21*	-0.43**	-44.34**	-0.60*	1.05	-4.11**
Qtrs HOSP on PPS Sqr	0.02**	0.03**	2.88**	0.05**	0.05	0.49**
Age	0.07**	0.06**	0.94	-0.08**	-0.66**	-0.65**
Race	-0.51*	-0.07	-3.85	0.70**	3.41	2.55
Sex	-0.70**	-0.61**	16.88	2.57**	13.29**	1.09
Medicare Status	-0.88**	-0.80**	-30.30	.70	6.98*	15.44**
Discharge Status	2.86**	5.81**	730.68**	26.83**	178.58**	66.69**
No. of Diagnoses	0.51**	0.76**	57.49**	0.76**	-3.81**	10.42**
Lifethreatening	-0.90**	-0.96**	-43.76	-0.74	1.85	-3.97
DRG 106	13.32**	11.29**	6188.16**	189.82**	359.03**	235.02**
DRG 107	7.33**	1.78**	4546.47**	167.52**	377.87**	60.01**
DRG 124	2.91**	2.85**	837.36**	35.12**	121.00**	103.62**
DRG 125	-0.38	-1.14**	677.28**	34.20**	174.85**	50.36**
DRG 132	0.51*	0.70**	55.21**	2.58**	6.42*	0.06
DRG 133	0.60	0.87**	151.49**	4.79**	10.68	20.92**
Quarter	-0.11	0.01	4.18	0.12	-0.31	-1.87
Alabama	2.61**	3.19**	161.04**	0.32	-19.87**	1.76
Connecticut	3.04**	3.21**	12.27	-8.82**	-42.22**	-94.56**
Wisconsin	1.93**	1.05**	-131.11**	-8.59**	-32.75**	-30.54**
Urban	0.58*	-0.35	-171.87**	-5.26**	-21.66**	-12.93**
Residents/Beds	0.45	-9.86**	-888.37**	-29.84**	-52.76**	229.33**
No. Beds	0.004	0.26**	-9.05*	-0.62**	-2.73**	-1.96*
Occupancy	-0.005	-0.008	0.69	0.08**	0.32**	0.34**
Voluntary	0.12	0.83**	145.62**	5.41**	12.22**	16.59**
Proprietary	0.14	0.89**	68.57**	2.05*	0.70	11.39*
Longterm Unit	0.44	0.90**	172.59**	4.72**	10.49**	-4.69
Per Capita Income	-0.13**	-0.08	-24.82**	-0.77**	-2.32**	-1.91*
Beneficiaries/Pop	-0.007	-0.03	-7.53	-0.50**	-1.90**	-2.06**
Physicians/Pop	2.62*	1.53	129.20	9.32*	44.23**	194.96**
HMO Enroll/Pop	-0.01	0.01	7.04**	0.24**	1.02**	0.15
Nursing beds/Pop	-0.09	0.60*	0.99**	2.52*	4.47	9.00
Cost of Living	2.41	6.77**	1973.89**	65.02**	159.36**	198.27**
MD Cost	0.69	2.52*	315.75**	1.64	19.35	-137.34**
Fees	0.39	-1.61	321.54**	14.71**	29.67	80.07**
N	29636	29636	29636	29636	29636	29636
R^2	.17	.18	.82	.78	.51	.22

**denotes significance at the .01 level.
*denotes significance at the .05 level.

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE 4-5

REGRESSION RESULTS FOR STROKES

	DEPENDENT VARIABLE					
INDEPENDENT VARIABLE	LOS	Number Episode Contacts	Episode Dollars	Episode Dollars Per Day	Inpatient Dollars Per Day	Episode Test Dollars
Intercept	-1.22	-7.17**	-736.76**	-15.48**	15.01	77.61*
PPS Program	-2.41**	-1.63**	-55.38**	-0.75*	2.97**	-12.53*
Qtrs HOSP on PPS	-0.49**	-0.70**	-19.30**	-0.17	0.06	-5.10**
Qtrs HOSP on PPS Sqr	0.03**	0.04**	1.21**	.01	-0.05*	0.19*
Age	0.02*	-0.03**	-6.70**	-0.31**	-1.08**	-4.32**
Race	-0.77**	0.29	31.36**	1.97**	9.05**	20.42**
Sex	-0.52**	0.05	27.61**	1.68**	5.81**	12.38**
Medicare Status	0.23	0.68	75.95**	3.37**	11.99**	49.68**
Discharge Status	-3.45**	-3.41**	-114.85**	-2.80**	7.27**	-51.33**
No. of Diagnoses	0.89**	1.10**	28.61**	0.20**	-3.85**	-2.26*
Lifethreatening	-0.30	-0.23	40.47**	2.49**	11.63**	34.19**
DRG 14	5.95**	6.04**	124.92**	-0.45*	-22.90**	-27.67**
Quarter	-0.17*	0.003	2.44	0.20*	1.33**	5.75**
Alabama	1.16**	3.12**	154.09**	5.43**	8.53**	39.77**
Connecticut	1.95**	1.51**	-129.39**	-6.35**	-22.66**	-87.62**
Wisconsin	1.89**	3.15**	92.79**	2.37**	1.12	-7.43
Urban	0.59*	-0.49	-38.38**	-1.78**	-6.07**	-21.89**
Residents/Beds	4.57**	-6.72**	-107.04*	-10.15**	-34.85**	54.74*
No. Beds	0.25**	0.43**	18.36**	0.57**	1.76**	7.56**
Occupancy	0.02**	0.04**	2.90**	0.10**	0.29**	1.38**
Voluntary	-0.07	-0.22	9.66	0.94**	2.89**	9.53*
Proprietary	0.14	0.53	50.32**	2.09**	2.42	16.94**
Longterm unit	0.27	0.22	11.60	0.18	-0.06	-6.00
Per Capita Income	0.06	0.16**	3.09	0.06	0.20	-1.20
Beneficiaries/Pop	0.09	-0.01	-6.15**	-0.37**	-1.68**	-4.72**
Physicians/Pop	-0.07	4.17**	500.28**	21.49**	54.49**	313.42**
HMO Enroll/Pop	-0.003	0.01	0.58	0.03*	0.13**	-0.005
Nursing beds/Pop	-0.89*	-0.48	2.11	0.64	5.09**	13.38*
Cost of Living	2.34	4.63**	417.09**	13.57**	16.03*	111.11**
MD Cost	-0.93	-0.09	173.93**	7.15**	17.54**	70.86**
Fees	1.18	2.09	505.38**	18.91**	54.59**	54.36**
N	21819	21819	21819	21819	21819	21819
R^2	.11	.13	.17	.19	.19	.17

**denotes significance at the .01 level.
*denotes significance at the .05 level.

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE 4-6

REGRESSION RESULTS FOR CHOLECYSTECTOMIES

	DEPENDENT VARIABLE					
INDEPENDENT VARIABLE	LOS	Number Episode Contacts	Episode Dollars	Episode Dollars Per Day	Inpatient Dollars Per Day	Episode Test Dollars
Intercept	-3.32	-16.77**	-1797.58**	-29.00**	21.32	-257.65**
PPS Program	-1.73**	-1.86**	-107.40**	-0.62	6.56	-42.75**
Qtrs HOSP on PPS	-0.22	-0.24	-25.85*	-0.64	-0.58	-2.29
Qtrs HOSP on PPS Sqr	0.02*	0.02	1.02	0.01	-0.09	0.25
Age	0.14**	0.14**	7.54**	0.003	-0.69**	1.13**
Race	-0.26	0.03	25.90	1.67	5.54	-7.24
Sex	0.51*	1.03**	124.74**	3.36**	5.80**	29.76**
Medicare Status	-1.63**	-1.95**	-51.05	1.16	9.71**	2.80
Discharge Status	3.82**	8.92**	835.00**	21.39**	71.89**	127.26**
No. of Diagnoses	0.90**	1.33**	84.91**	1.04**	-4.03**	15.28**
Lifethreatening	1.11**	2.15**	152.11**	2.99**	3.10	20.19**
DRG 195	3.66**	2.86**	403.61**	8.80**	-1.28	60.95**
DRG 196	3.08**	1.78*	396.81**	8.37**	-4.07	70.25**
DRG 197	0.58	0.15	-23.17	-1.33	-7.13**	0.92
Quarter	-0.27*	-0.15	7.70	0.78**	3.52**	1.94
Alabama	3.79**	5.78**	270.05**	1.57	-25.77**	24.25*
Connecticut	2.46**	2.77**	-9.67	-6.30**	-35.60**	-64.57**
Wisconsin	2.20**	2.98**	141.63**	-1.29	-24.96**	9.20
Urban	0.62	1.08*	-65.84*	-4.89**	-13.96**	-19.88**
Residents/Beds	0.76	-9.99**	-434.21*	-16.99**	-35.20*	75.22*
No. Beds	0.04	0.24*	5.22	-0.07	-1.12	1.54
Occupancy	0.02	0.03*	4.47**	0.14**	0.29**	1.00**
Voluntary	-0.62	0.24	-4.43	0.32	-1.64	-2.00
Proprietary	-0.42	1.18*	79.30	3.52**	8.38*	9.38
Long-term unit	-0.13	0.03	32.92	0.32	-2.65	4.23
Per Capita Income	0.09	0.17	14.05*	0.49*	1.27	.74
Beneficiaries/Pop	0.18*	0.08	-11.44	-0.61**	-0.98	-1.57
Physicians/Pop	-4.38	-0.73	411.35**	23.73**	70.22**	189.35**
HMO Enroll/Pop	0.01	-0.01	0.90	0.06	0.18	-0.35
Nursing beds/Pop	-0.60	-0.85	2.12	0.48	-0.97	-1.40
Cost of Living	1.75	2.66	776.24**	29.32**	72.80**	127.61**
MD Cost	0.90	-0.41	222.01	6.32	11.56	11.47
Fees	-2.14	1.85	792.10**	24.67**	38.73**	45.45
N	6446	6446	6446	6446	6446	6446
R^2	.10	.18	.25	.19	.15	.15

**denotes significance at the .01 level.
*denotes significance at the .05 level.

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

To illustrate the time paths of the PPS effects, we show graphs of the combined impact of the three PPS measures by quarter for the Stroke group. These are given in Figures 4-1 through 4-6. Each graph represents the impact of PPS for a given hospital, on average. The horizontal axis of each graph shows the number of quarters the hospital was on PPS. Thus, quarter 1 represents the first quarter a hospital was on PPS. The maximum number of quarters a hospital could be on PPS during our study years is 13. So the horizontal axis starts at quarter 0 and goes up to quarter 13. The vertical axis gives the sum of the effects of the three PPS variables, that is, the effect that PPS had on the dependent variable. For example, consider the length of stay graph (Figure 4-1). The quarter 0 effect is just the PPS program effect. In other words, quarter 0 represents the quarters between the inception of the PPS program on October 1, 1983, and the quarter that the hospital came onto PPS. The PPS program is estimated to have reduced LOS an average of 2.4 days; that is, the regression coefficient for the PPS program variable in the LOS equation in Table 4-5 is -2.4. So, the LOS graph starts out in quarter 0 at -2.4 which shows that LOS was 2.4 days lower on average between October 1, 1983, and the quarter that the hospital came onto PPS than if PPS had not been in effect. Starting in quarter 1 we subtract 2.4 from the effects of Qtrs Hosp on PPS and Qtrs Hosp on PPS Sqr. The regression coefficients for Qtrs HOSP on PPS and Qtrs HOSP on PPS Sqr in the LOS equation for the Strokes (Table 4-5) are, respectively, -.49 and .03. The effect of these variables on LOS are the regression coefficients multiplied, respectively, by the number of quarters the hospital was on PPS and this number squared. For instance, in the ninth quarter a hospital was on PPS we have $-2.4 - (.49 * 9) + (.03 * 9 * 9) = -4.5$, which means that in quarter 9 of a hospital being on PPS LOS was 4.5 days lower than if there had been no PPS program.

All of the graphs except inpatient dollars per day have a convex shape and are negative throughout the study period. This means that PPS is estimated to have reduced LOS, episode dollars, episode contacts, episode dollars per day, and episode test dollars during every quarter of our study

FIGURE 4-1

PPS EFFECT ON LOS FOR STROKES

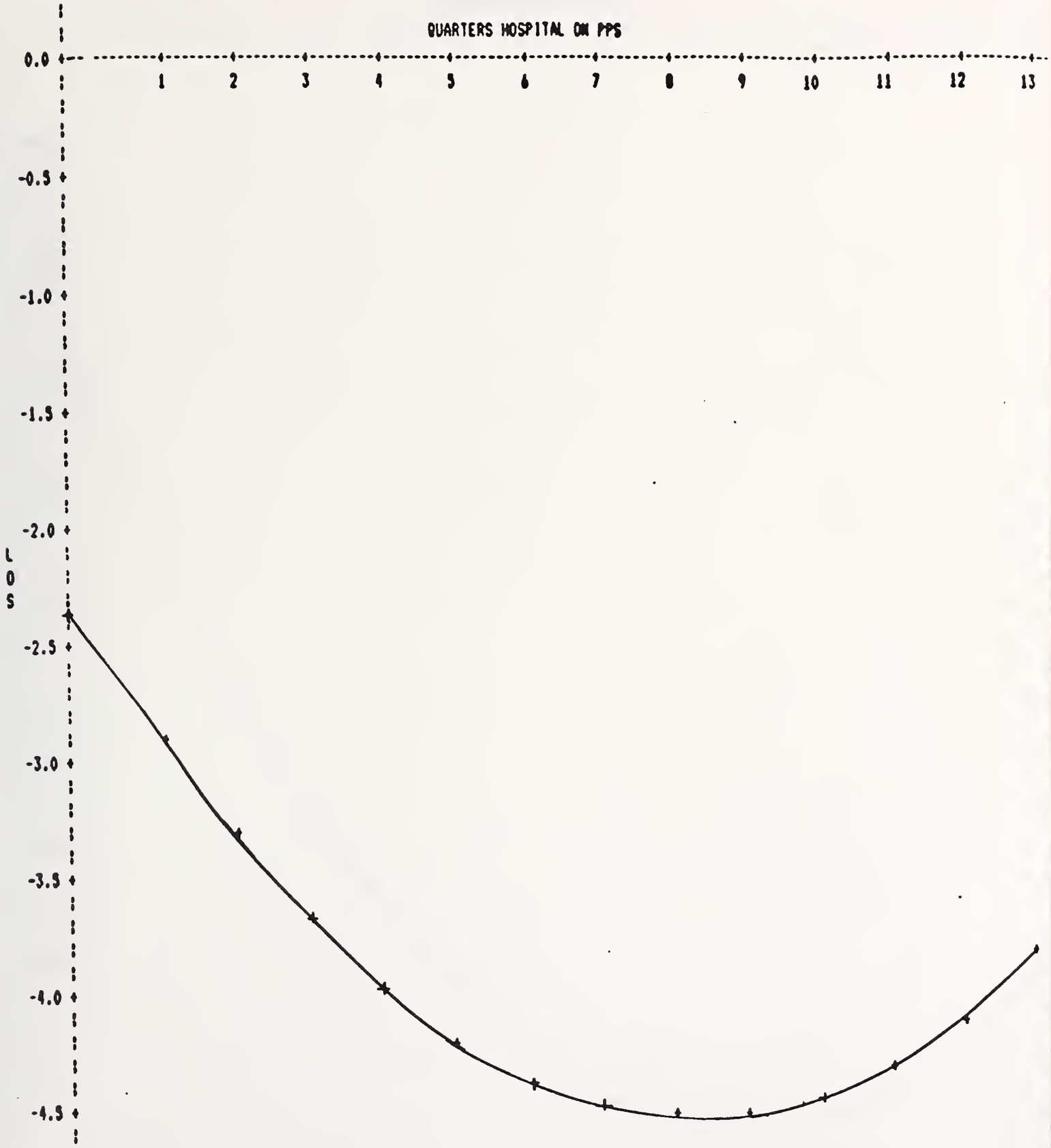


FIGURE 4-2

PPS EFFECT ON EPISODE CONTACTS FOR STROKES

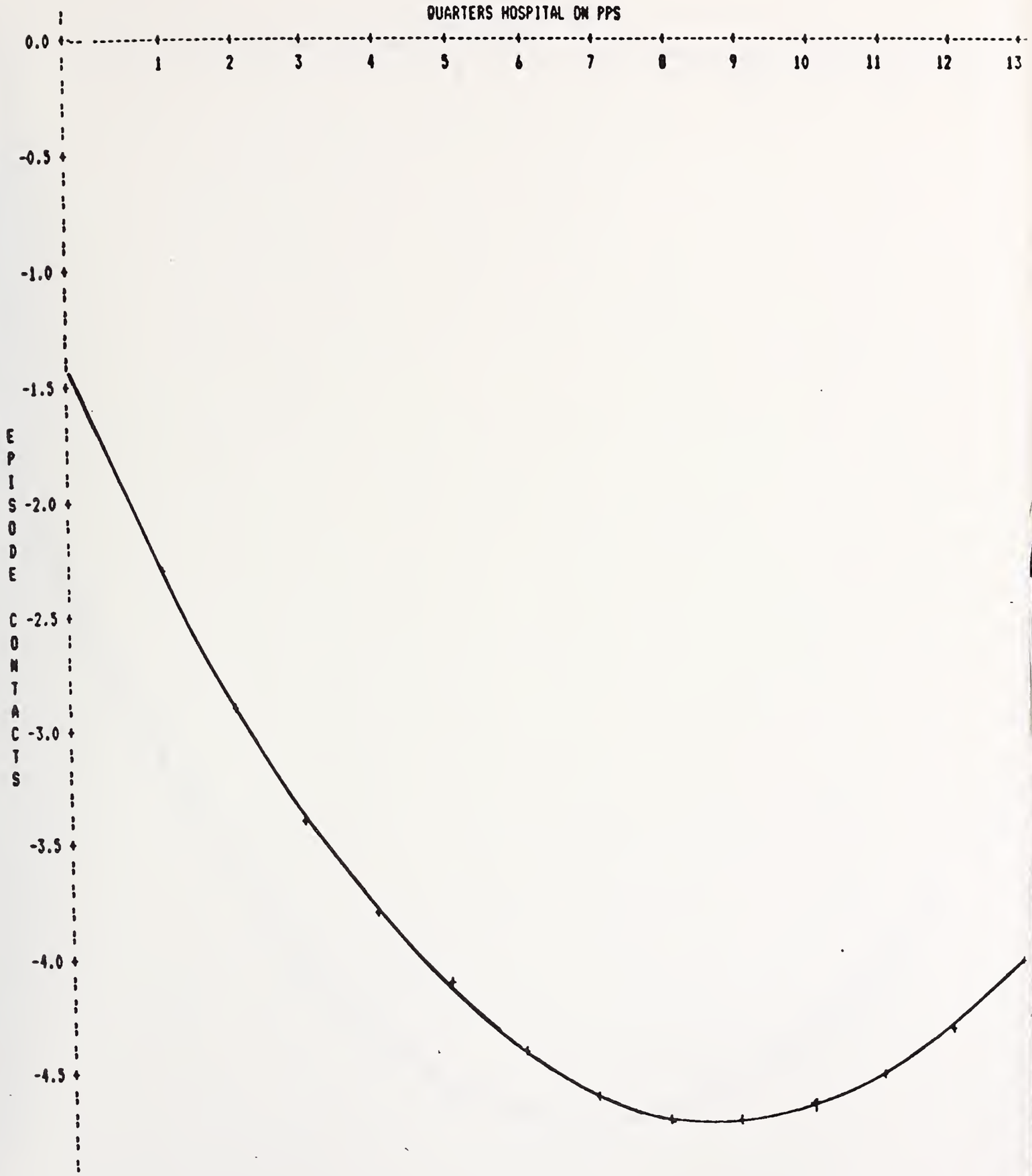


FIGURE 4-3

PPS EFFECT ON EPISODE DOLLARS FOR STROKES

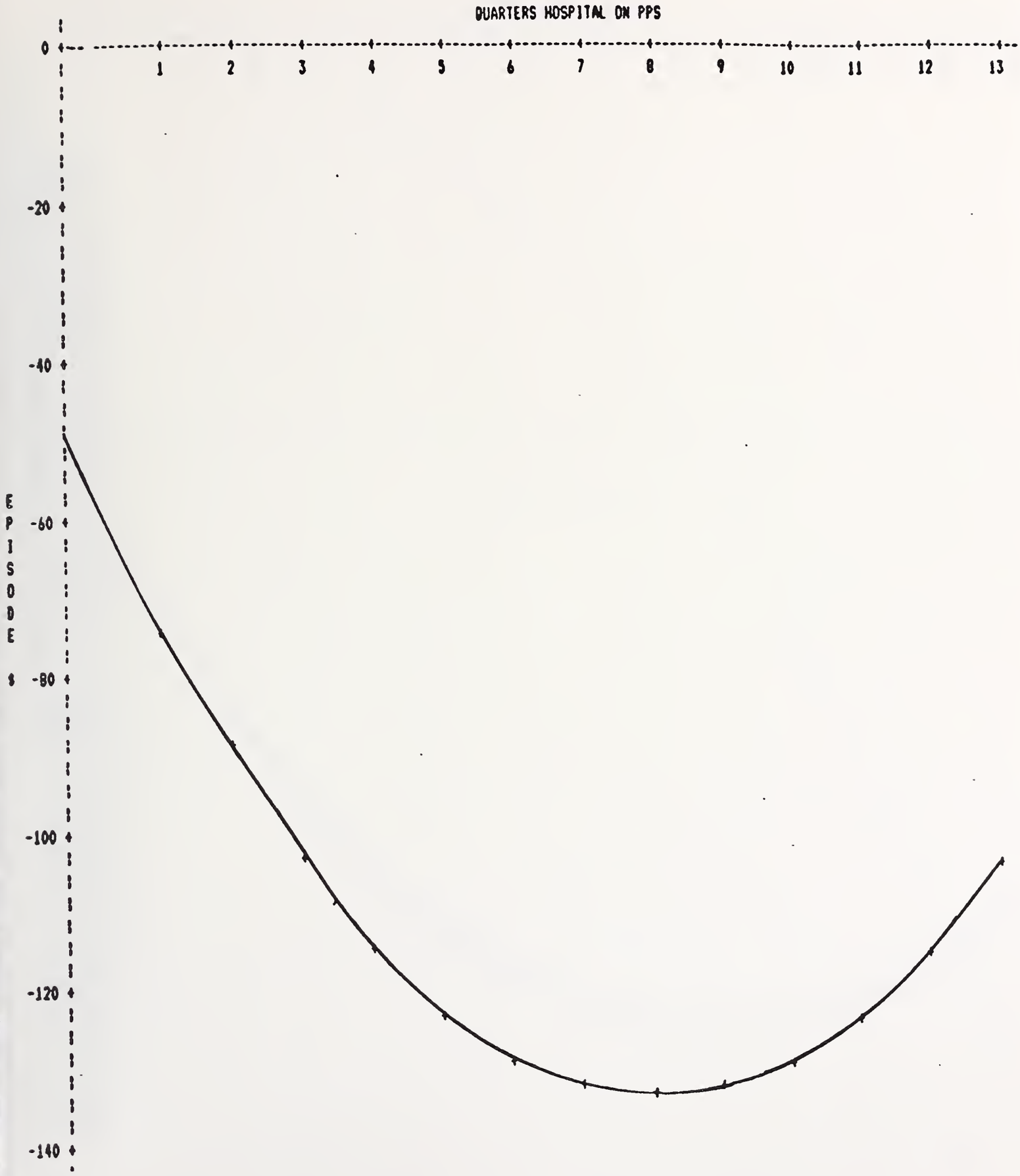


FIGURE 4-4

PPS EFFECT ON EPISODE DOLLARS PER DAY FOR STROKES

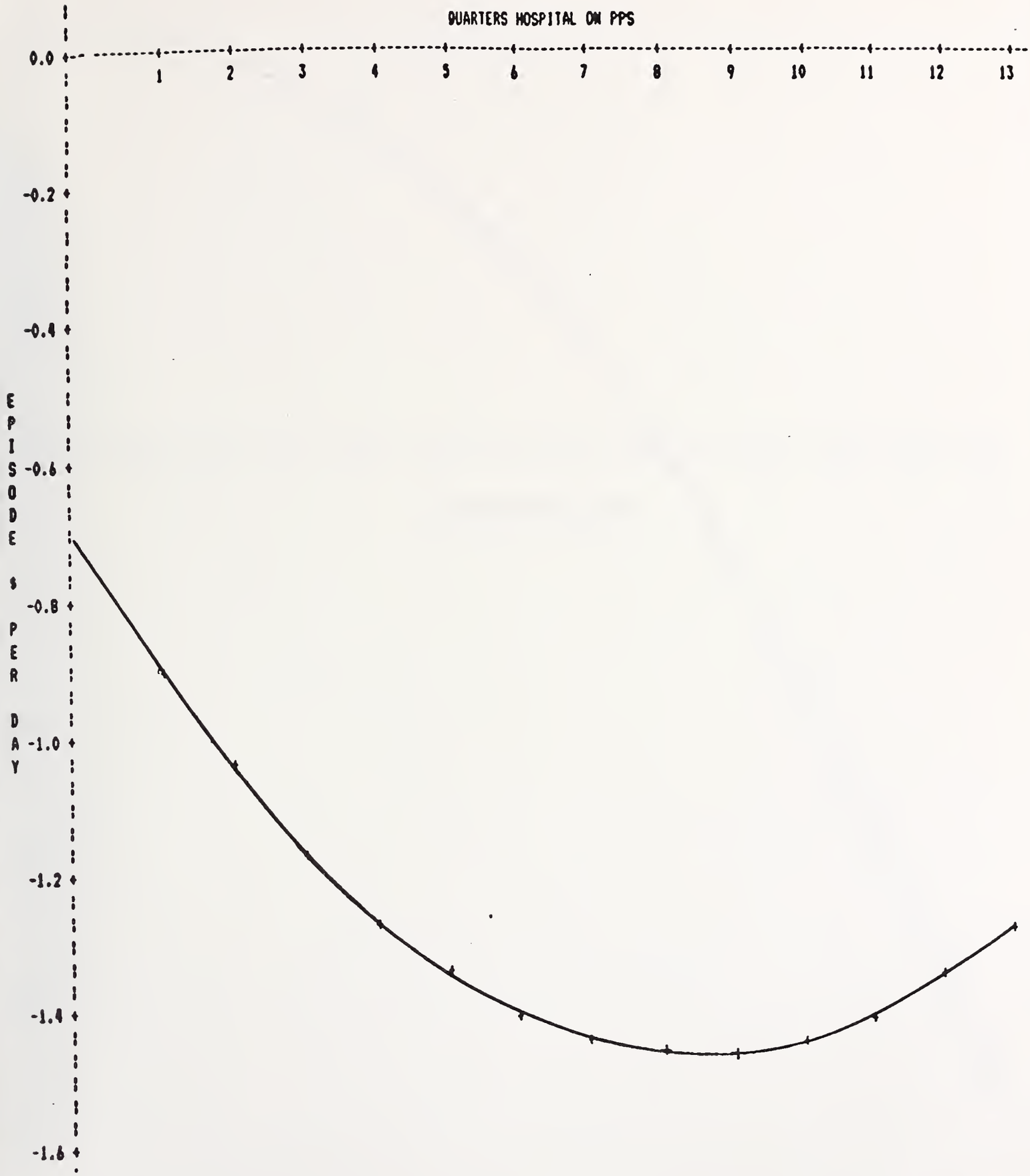


FIGURE 4-5

PPS EFFECT ON INPATIENT DOLLARS PER DAY FOR STROKES

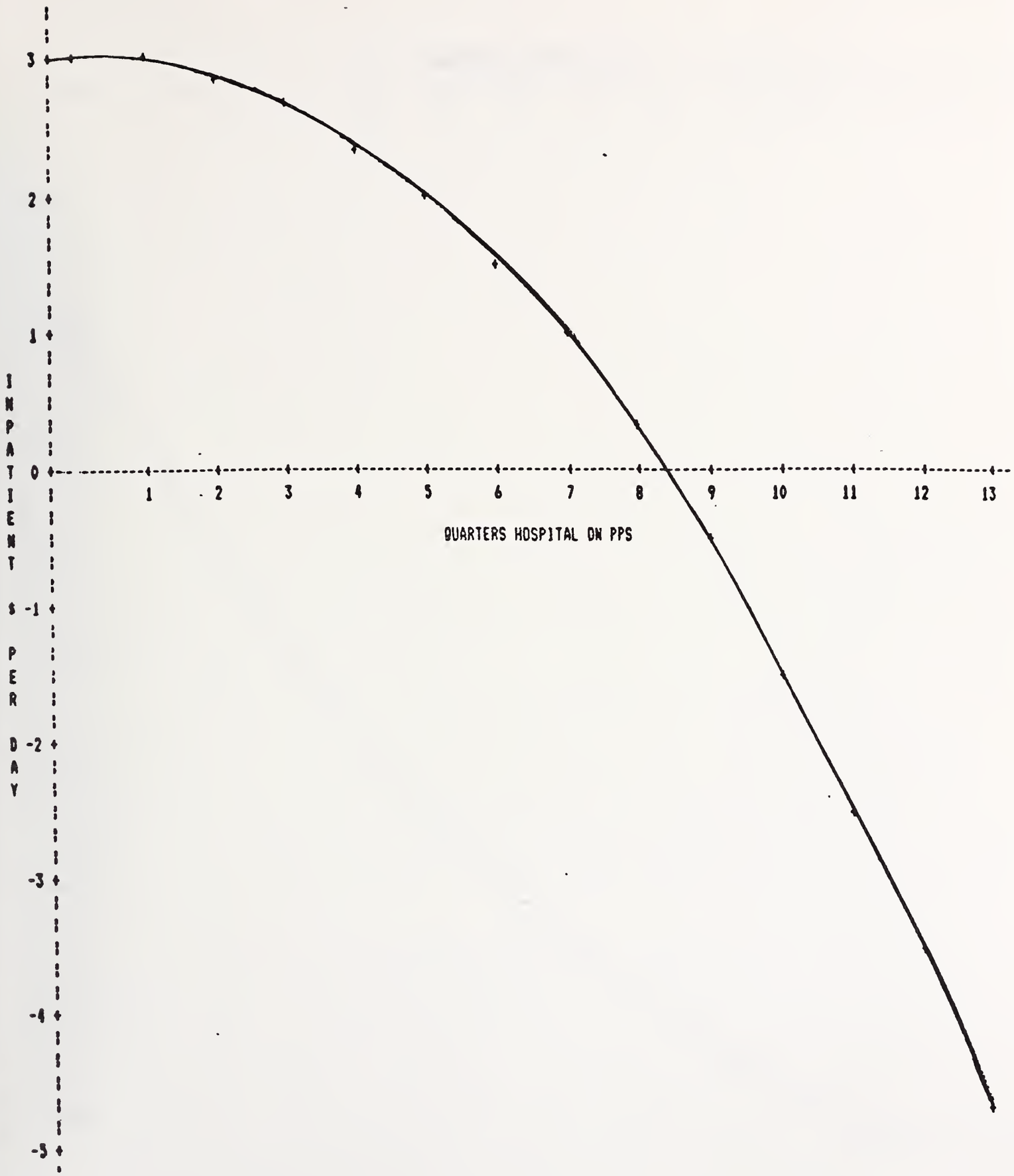
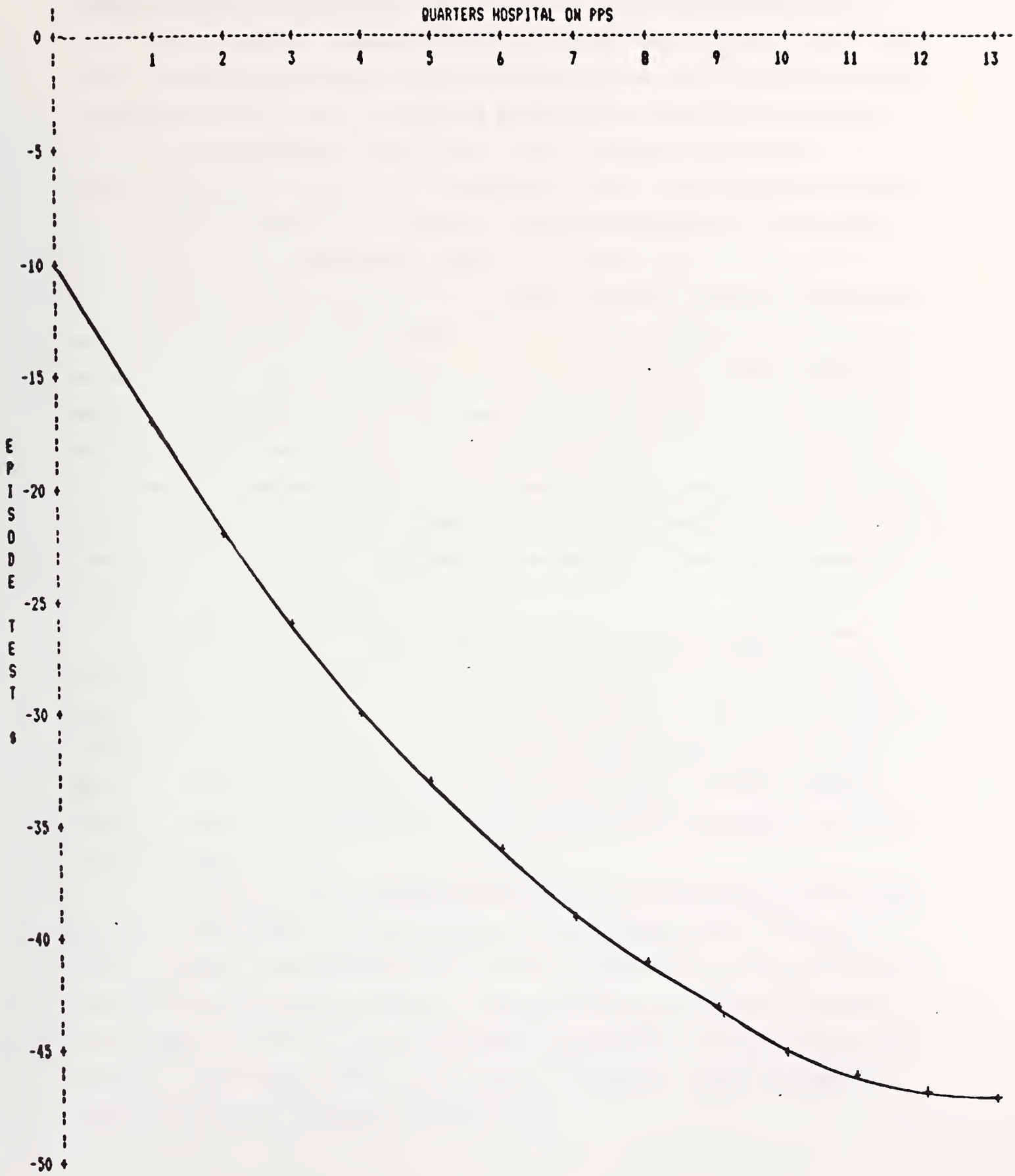


FIGURE 4-6

PPS EFFECT ON EPISODE TEST DOLLARS FOR STROKES



period that PPS was in effect. The largest effects tend to occur around quarter 8 or 9 of the hospital's being on PPS which usually occur during PPS 3. LOS is reduced the most by PPS in quarters 8 and 9 when it is 4.5 days lower in each quarter than it would have been without PPS. The largest effect on episode dollars occurs in quarter 8 when episode expenditures are $133 lower than they would have been without PPS. The largest PPS effect on episode dollars per day is -$1.47 (quarters 8 and 9) and for episode contacts it is -4.69 (quarter 9). PPS reduces episode test dollars by continuously larger amounts each quarter up to -$46.72 in quarter 13.

As can be seen in Figure 4-5 the effect of PPS on inpatient dollars per day is different. Since PPS reduces both length of stay and total inpatient dollars the net effect on inpatient dollars per day can be either positive or negative. Of course, this is also true for episode dollars per day but for the Stroke group, the effect on episode dollars per day is always negative. PPS actually increases inpatient dollars per day until quarter 9. The largest positive effect is in quarter 1 when it is $2.98. These positive effects fall from quarter 1 to quarter 8 and then become negative. The largest negative effect is -$4.70 in quarter 13.

The effects of PPS on LOS, episode dollars, episode contacts, and episode test expenditures for Coronary Artery Disease and Cholecystectomies follow similar time paths to the ones for the Strokes. PPS reduces these four variables in every quarter and the time paths follow convex shapes. The quarter in which PPS has its largest effect varies but is usually between quarters 5 and 7 of the hospital's being on PPS which corresponds to PPS 2 or the early part of PPS 3.

The effects of PPS on episode dollars per day and inpatient dollars per day vary by DRG group. For the Coronary Artery Disease group, PPS has a positive effect on episode dollars per day in quarters 0, 12, and 13 but is negative in all the other quarters. The time path does, however, follow a convex shape. PPS has a positive effect on inpatient dollars per day for all quarters. The effect starts out at $13.44 in quarter 0 and rises every quarter after that to $35.54 in quarter 13.

For the Cholecystectomy group, PPS does not have a statistically significant effect on episode dollars per day; the three PPS variables are jointly insignificant. The effect on inpatient dollars per day is similar to that for the Strokes: starting out as a positive effect ($6.56 in quarter 0), becoming negative in quarter 6, and having an increasing negative effect after quarter 6 (rising to -$16.19 in quarter 13).

In sum, PPS has generally had a negative effect on expenditures and utilization. This means that expenditures and utilization were reduced by PPS below what their levels would have been if there had been no PPS program. Apparently, factors other than PPS account for the observed increases in Part B allowed charges.

4.3.2 PPS Impacts by Period

Up to now we have shown the general time paths of the impacts of PPS on the dependent variables. We have not determined whether the effects are large or small. In this section we explore the impacts of PPS relative to the average values of the dependent variables by time period. We also compare the effects of PPS on the various dependent variables to each other.

Table 4-7 gives for each group, period, and dependent variable the magnitude of the PPS effect, the level that the dependent variable would have had if PPS had not been in effect, and the percentage effect of PPS on the variable. The actual averages (not shown) are calculated across the admissions in each DRG group. The level of the variable without PPS is the sum of the actual average value and the PPS effect. The percentage PPS effects are calculated as the PPS effects divided by the averages without PPS times 100 (for example, column 1 divided by column 2 times 100 for PPS 1). An example follows.

The calculation of the PPS effect is as follows. We use the effect in the first quarter of 1984 to represent the effect of PPS in PPS 1, the first quarter of 1985 for PPS 2, and the first quarter of 1986 for PPS 3. In the previous section we were looking at the effects for a given hospital. In

TABLE 4-7

IMPACTS OF PPS ON EXPENDITURES AND UTILIZATION BY PERIOD

	PPS 1			PPS 2			PPS 3		
	PPS Effect (1)	Average without PPS (2)	Percent PPS Effect (1)/(2)	PPS Effect (3)	Average Without PPS (4)	Percent PPS Effect (3)/(4)	PPS Effect (5)	Average Without PPS (6)	Percent PPS Effect (5)/(6)
Coronary Artery Disease									
LOS	-2.0	9.8	-20%	-2.3	9.5	-24%	-2.1	9.5	-22%
Episode Contacts	-1.9	9.8	-19	-2.8	10.5	-27	-2.9	11	-26
Episode $	-$112	$1394	-8	-$212	$1584	-13	-$236	$1730	-14
Episode $ Per Day	$0	$49	0	-$1	$55	-2	-$1	$59	-2
Inpatient $ Per Day	$15	$117	13	$19	$130	15	$26	$137	19
Episode Test $	-$33	$158	-21	-$37	$169	-22	-$27	$176	-15
Strokes									
LOS	-2.9	13.2	-22	-4.0	12.9	-31	-4.4	13.1	-34
Episode Contacts	-2.3	13.7	-17	-4.0	14.4	-28	-4.6	14.7	-31
Episode $	-$73	$582	-13	-$117	$629	-19	-$131	$661	-20
Episode $ Per Day	-$1	$21	-5	-$1	$23	-4	-$2	$25	-8
Inpatient $ Per Day	$3	$52	6	$2	$57	4	$0	$62	0
Episode Test $	-$21	$178	-12	-$32	$203	-16	-$42	$220	-19
Cholecystectomy									
LOS	-1.9	14.4	-13	-2.3	13.6	-17	-2.1	13	-16
Episode Contacts	-2.1	9.8	-21	-2.5	9.8	-26	-2.4	9.5	-25
Episode $	-$131	$1687	-8	-$204	$1751	-12	-$253	$1834	-14
Episode $ Per Day	-$1	$60	-2	-$3	$64	-5	-$5	$68	-7
Inpatient $ Per Day	$6	$129	5	$2	$142	1	-$5	$161	-3
Episode Test $	-$45	$195	-23	-$46	$204	-23	-$43	$218	-20

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

order to calculate the average PPS effect across all hospitals in one time period, we must take account of the fact that different hospitals came onto PPS in different quarters. For example, in the first quarter of 1985 hospitals could have been on PPS either 3, 4, 5, or 6 quarters. This means that in our PPS effect calculation for PPS 2 the number of quarters a hospital was on PPS could be 3, 4, 5, or 6. Thus, there are four different PPS effects per period depending on which quarter the hospital came onto PPS. We calculate the four PPS effects from the multivariate estimations as described in the previous section and then obtain a weighted average using the percentages of hospitals that came onto PPS in each quarter as weights. The weights used are specific to the period and DRG group.

For example, consider the calculation of the PPS 2 effect for LOS for the Strokes. We use the first quarter of 1985 to represent PPS 2. In the first quarter of 1985 a hospital could have been on PPS either 3, 4, 5, or 6 quarters. Using the methodology described in the previous section shows that the PPS effects for hospitals on PPS 3, 4, 5, or 6 quarters are, respectively, -3.6, -3.9, -4.1, or -4.3. The percentages of hospitals for the Stroke patients in PPS 2 that were on PPS 3, 4, 5, or 6 quarters in the first quarter of 1985 are, respectively, 32.8 percent, 4.7 percent, 25.5 percent, and 37 percent. The PPS 2 effect for LOS is then (.328 * -3.6) + (.047 * -3.9) + (.255 * -4.1) + (.37 * -4.3) or -4.0.

Continuing with this example, the actual average LOS for the Strokes in PPS 2 is 8.9 days. In the previous paragraph we found that PPS reduced LOS by 4 days below what it would have been if there had been no PPS program. This means that without PPS, average LOS would have been 8.9 + 4 or 12.9 days. PPS reduced LOS by 31 percent (-4/12.9 * 100) below what it would have been if there were no PPS program. Thus, Table 4-7 indicates that for the Strokes in PPS 2 the PPS effect on LOS is -4.0, the average LOS without PPS is 12.9 days, and the percentage PPS effect is -31 percent.

Naturally, the time patterns of the PPS effects correspond to the graphs in the previous section. For example, PPS reduces LOS for the Strokes more each period: 2.9 days in PPS 1, 4.0 days in PPS 2, and 4.4 days in PPS 3.

This corresponds to the graph in Section 4.3.1. PPS has an increasing negative effect on LOS until a hospital was on PPS eight quarters which occurred for most hospitals late in PPS 3. Consequently, the average effect across all hospitals is an increasing negative one.

In general, the PPS effects tend to grow over the study years. The effects are almost always larger in PPS 3 than in PPS 1. However, the PPS effects are not always larger in each successive period. In almost all cases, PPS has a larger negative effect in PPS 2 than in PPS 1. The one exception is inpatient dollars per day which is larger in PPS 1 and PPS 2 as a result of PPS. For the Strokes, the PPS effects continue to become larger negative numbers in PPS 3. This is not true for the other two groups; some of the PPS effects are larger in PPS 3 and some are smaller. For example, look at Coronary Artery Disease. The PPS effect on LOS is smaller in PPS 3 than in PPS 2, -2.1 in PPS 3 compared to -2.3 in PPS 2. On the other hand, for episode expenditures, the PPS effect is larger in PPS 3 than in PPS 2. These patterns correspond to the findings in the previous section; the PPS effects tend to reach their maximum (usually negative) values in PPS 2 for Coronary Artery Disease and the Cholecystectomies and in PPS 3 for the Strokes.

These time paths of the PPS effects do not correspond to the conclusions from the descriptive analysis in Section 3.6. There we found that inpatient spending slowed the most in PPS 1 for the medical DRGs and in PPS 2 for the surgical DRGs. Apparently factors other than PPS were at work to cause the patterns in the observed levels of spending described in Section 3.6. The patterns of PPS effects which result from the multivariate analyses hold constant these other factors and allow us to isolate the impact of PPS.

It is of interest to compare the PPS impacts for LOS and episode contacts. The results for episode contacts can be thought of as inpatient contacts because the results are virtually identical for the two variables. Surprisingly, PPS reduces physician contacts more than it reduces length of stay in PPS 2 and PPS 3. For example, for Coronary Artery Disease, PPS reduces LOS an average of 2.1 days in PPS 3 but reduces episode contacts by 2.9. Again, this is not the result found in the descriptive analysis (Section

3.6). There we saw that the observed lengths of stay decrease more than physician contacts. Factors other than PPS have evidently acted to offset the effects of PPS on physician contacts.

Comparing the results for episode test charges and total episode expenditures shows that the PPS effects on tests represent sizeable proportions of the effects on total expenditures. For example, for Coronary Artery Disease PPS reduces episode test charges by $33 in PPS 1 and reduces total episode expenditures by $112. Nevertheless, the PPS impacts on tests are less than half of the effects on total expenditures. This means that other types of services account for most of the reductions in total expenditures due to PPS.

Table 4-7 also shows that the effects of PPS on expenditures and utilization have been sizeable. The impacts on LOS, contacts, and tests are generally over 20 percent and the effects on episode expenditures are usually over 10 percent. For example, PPS reduces LOS for Coronary Artery Disease by 20 percent in PPS 1; LOS was 20 percent lower than it would have been if there had been no PPS program. The effects for episode and inpatient dollars per day are generally small in both absolute and percentage terms. The absolute effects seldom exceed $5 and the percentage effects are usually under 10 percent. PPS has smaller effects on per day expenditures because PPS reduces both expenditures and LOS; dividing the two produces a more moderate net effect.

Table 4-8 shows for each DRG group and dependent variable the actual percentage change from pre-PPS to PPS 3 and what the percentage change would have been if there had been no PPS program. The percentage changes without PPS are calculated using the averages without PPS for PPS 3 from Table 4-7 and the actual pre-PPS averages. For example, actual LOS pre-PPS for the Strokes is 12.5 days. Without PPS, LOS would have been 13.1 days in PPS 3 (from Table 4-7) so the percentage change that would have occurred if there had been no PPS program is (13.1 - 12.5)/12.5 * 100 or a 5 percent increase.

The table shows that in all but one case (inpatient dollars per day for Coronary Artery Disease), the expenditure and utilization measures would have

TABLE 4-8

OVERALL PERCENTAGE EFFECTS OF PPS

	Actual Percent Change	Percent Change without PPS
Coronary Artery Disease		
LOS	-20%	3%
Episode Contacts	-5	29
Episode $	38	60
Episode $ Per Day	41	44
Inpatient $ Per Day	50	26
Episode Test $	15	35
Strokes		
LOS	-30	5
Episode Contacts	-17	21
Episode $	6	32
Episode $ Per Day	21	32
Inpatient $ Per Day	27	27
Episode Test $	17	45
Cholecystectomy		
LOS	-21	-6
Episode Contacts	-8	23
Episode $	12	30
Episode $ Per Day	21	31
Inpatient $ Per Day	36	40
Episode Test $	14	42

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

increased much more in percentage terms if there had been no PPS program. Especially notable are the effects on LOS and episode contacts. These actually decrease but would have risen in almost all cases if there had not been a PPS program. For example, for the Strokes, LOS actually falls by 30 percent but would have risen 5 percent if there had been no PPS program.

Overall, our multivariate results show that PPS has reduced expenditures and utilization associated with a hospitalization. We estimate that PPS has generally reduced hospital episode expenditures between 10 percent and 20 percent per year and reduced lengths of stay over 15 percent per year relative to what they would have been without the PPS program. We also find that PPS slightly reduced episode expenditures per day but actually increased inpatient spending per day.

4.3.3 Results for Covariates

Two important points should be kept in mind when interpreting the regression results for the covariates. First, many of the covariates are likely to be highly correlated with one another which may lead to coefficient estimates that are statistically insignificant or have unexpected signs. Nevertheless, we feel that in order to isolate the effects of PPS it is important to control for all other possible factors that might affect Medicare expenditures and utilization.

The second point to keep in mind is that we estimate separate regressions by DRG group. A covariate may have different effects on the treatment of patients with different medical problems.

The regression results for the control variables are generally as expected. Patients who are older, discharged dead, have more diagnoses, have a lifethreatening diagnosis, have a Medicare status of disabled or ESRD, or are in a more severe DRG generally have longer lengths of stay and larger expenditures. One interesting exception is that stroke patients who are discharged dead have shorter lengths of stay and lower expenditures, on average. This probably occurs because stroke patients who die do so soon

after admission. In conformance with Gornick (1982) non-whites and females tend to have longer lengths of stay; they also have lower expenditures.

The time trend variable is usually insignificant. There are, however, significant negative trends in length of stay for the Strokes and the Cholecystectomy group and significant positive trends in some expenditure measures for all three groups.

Turning next to the hospital level control variables, hospitals in Alabama, Connecticut, and Wisconsin have longer lengths of stay and higher expenditures than hospitals in Washington, holding constant all other covariates. These results conforms with the common perception that more physician-intensive medicine is practiced in the West.

Urban hospitals do have longer lengths of stay, as expected, but they also have lower expenditures, which is not expected.

A higher residents to beds ratio also leads to longer lengths of stay and lower expenditures. The lower expenditures may be due to the fact that medical residents do not submit Part B bills for services they provide.

The number of beds, a measure of hospital size, has the expected positive effect on expenditures and utilization for the Strokes but an unexpected negative effect on expenditures for the Coronary Artery Disease group. Number of beds is insignificant for Cholecystectomy.

The hospital's occupancy rate generally has the expected positive effects. However, the effect on length of stay is significant only for the Strokes.

Voluntary and proprietary hospitals tend to have higher expenditures than governmental hospitals. The effect on length of stay is never significant.

Whether a hospital has a long-term care unit is never significant in the length of stay equations. It is significant in the inpatient dollars per day equation for the Strokes and in most of the expenditure equations for Coronary Artery Disease. The effect is an unexpected positive one, however.

Finally, let us turn to the county level variables. Per capita income has different effects for the three DRG groups. As described in Section 4.2.2 per capita income can reflect either non-Medicare demand which would decrease Medicare expenditures and utilization or technology which would increase expenditures and utilization. The former effect appears to dominate for Coronary Artery Disease, while the latter effect is seen for Cholecystectomy. Per capita income is usually insignificant for the Strokes; the two effects cancel out.

Beneficiaries per capita can also have two possible effects. More beneficiaries means higher demand for medical care which increases expenditures and utilization but more beneficiaries also reduces access to medical care which lowers expenditures and utilization. This variable tends to have a negative effect on expenditures and utilization suggesting that the access problem is of prime importance, although the effect is seldom significant for Coronary Artery Disease and Cholecystectomy.

Physicians per capita has the expected positive effect on expenditures for all three groups. The only statistically significant effect on lenth of stay is the positive effect for Coronary Artery Disease.

HMO enrollment per capita also has two possible effects as described in Section 4.2.2. More HMO enrollees decreases non-Medicare demand which increases Medicare expenditures and utilization. On the other hand, the physician-intensive practice style of HMOs may influence non-HMO practices and reduce Medicare expenditures and utilization. The former effect appears to dominate for the Strokes and Coronary Artery Disease. There is no significant effect for Cholecystectomy.

Nursing home beds per capita is negatively correlated with length of stay for all three groups, although the effect is statistically significant only for the Strokes. Expenditures tend to be positively related to nursing home beds, however, which is not expected.

The cost of living and the Medicare allowed charge index lead to higher expenditures for all three groups; however, they do not have a significant

effect on length of stay. The physician practice cost index leads to higher expenditures for the Strokes and Coronary Artery Disease but has no effect for Cholecystectomy.

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APPENDIX A

VISIT VOLUME BY DRG

TABLE A-1

CHANGE IN VISIT VOLUME BY DRG, PRE-PPS TO PPS 3

	LENGTH OF STAY		INPATIENT CONTACTS		OUTPATIENT CONTACTS		EPISODE CONTACTS	
	Change	% Change	Change	% Change	Change	% Change	Change	% Change
Prostatectomy								
DRG 306	-2.2	-20.1	-0.6	-9.2	.31	51.7	-0.26	-4.5
DRG 307	-1.6	-20.6	-0.01	-0.3	.19	35.8	0.18	6.1
DRG 336	-2.7	-28.0	-1.9	-38.1	.14	21.9	-1.72	-31.2
DRG 337	-2.7	-32.3	-2.3	-64.4	.04	7.1	-2.27	-54.7
Coronary Artery Disease								
DRG 107	-1.9	-13.5	0.5	7.2	.14	44.7	0.65	8.6
DRG 133	-2.4	30.4	-1.7	-23.0	.17	25.1	-1.92	-23.8
Lung Cancer								
DRG 82	-1.0	-9.6	0.6	6.9	.27	42.9	0.9	9.3
DRG 410	0.2	7.0	0.6	23.3	.21	35.2	0.79	25.6
Joint Procedures								
DRG 209	-4.1	-22.9	-1.5	-21.5	.18	40.6	-1.35	-17.8
Pacemaker/ Arrhythmia								
DRG 115	-2.3	-13.5	0.1	0.5	.04	4.3	0.12	0.7
DRG 116	-2.4	-21.9	-1.7	-15.4	.17	20.2	-1.53	-12.9
DRG 117	-1.4	-14.7	0.2	2.3	.22	27.0	0.41	4.5
DRG 118	-0.6	-8.7	0.4	8.0	.24	39.0	0.65	11.1
DRG 138	-1.1	-15.2	-0.4	-5.7	.22	26.2	-0.18	-2.3
DRG 139	-2.0	-30.5	-1.8	-28.0	.21	24.4	-1.62	-21.9
Pneumonia								
DRG 89	-2.0	-17.8	-0.8	-7.6	.17	21.0	-0.58	-5.4
DRG 90	-2.7	-27.6	-2.4	-26.4	.20	22.5	-2.18	-22.0
GI Hemmorrhage								
DRG 174	-1.6	-18.0	-0.6	-7.9	.20	26.4	-0.45	-5.1
DRG 175	-2.6	-32.7	-2.8	-34.8	.31	43.7	-2.45	-28.3
Misc. Digestive								
DRG 182	-1.0	-13.1	-0.4	-5.4	.27	36.2	-0.10	-1.3
DRG 183	-1.3	-20.3	-1.0	-16.6	.31	41.8	-0.73	-10.5
AMI								
DRG 121	-1.9	-13.9	-0.4	-3.1	.15	17.0	-0.29	-2.0
DRG 122	-3.6	-27.7	-2.2	-17.4	.23	30.3	-1.94	-14.7
DRG 123	-0.5	-7.9	1.0	16.5	.12	24.7	1.08	17.0
DRG 129	-1.1	-15.2	0.6	7.5	.13	26.7	0.69	8.8
Cholecystectomy								
DRG 195	-6.7	-32.8	-2.3	-21.3	.25	38.9	-2.08	-18.0
DRG 196	-5.1	-34.0	-4.0	-52.6	.26	45.0	-3.77	-45.8

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

APPENDIX B

SERVICE VOLUMES FOR NINE SELECTED DRGs

CABG
NOS FOR
ALL CASES
DRG 106

	PERIOD 1 431 CASES	PERIOD 2 2513 CASES	PERIOD 3 3523 CASES	PERIOD 4 4472 CASES	PERIOD 4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Length of Stay	22.76	19.42	18.17	18.03	-4.734	-21%
Hospital Visits	14.57	14.01	12.66	12.10	-2.470	-17%
ICU Visits	1.81	2.10	3.27	3.23	1.413	78%
Consults	1.02	1.13	1.28	1.30	0.279	27%
Surgery	2.44	2.47	2.45	2.47	0.032	1%
Lab	6.70	0.58	0.71	0.80	-5.905	-88%
Surgical Pathology	0.16	0.24	0.19	0.19	0.030	19%
Radiology	9.71	9.16	8.69	8.85	-0.863	-9%
CAT Scans	0.08	0.07	0.09	0.10	0.024	30%
Ultrasound	0.10	0.09	0.08	0.08	-0.018	-19%
Special Tests	6.79	6.21	6.88	7.08	0.291	4%
Echocardiograph	0.21	0.20	0.25	0.29	0.072	34%
Doppler	0.16	0.16	0.20	0.22	0.063	41%
Selected Cardiac	5.31	5.24	5.94	6.11	0.801	15%
PRE-HOSP						
Office Visits	0.33	0.31	0.35	0.38	0.046	14%
Home Visits	0.002	0.001	0.002	0.002	0.000	0%
SNF/NH Visits	0	0	0	0	0.000	ERR
ER Visits	0.16	0.19	0.21	0.23	0.072	46%
Consults	0.07	0.06	0.07	0.07	0.002	3%
Surgery	0.01	0.02	0.02	0.04	0.028	200%
Anesthesia	0.01	0.003	0.002	0	-0.005	-100%
Lab	0.23	0.24	0.29	0.35	0.118	50%
Radiology	0.13	0.16	0.21	0.24	0.112	86%
CAT Scans	0	0.002	0.002	0.002	0.002	ERR
Ultrasound	0	0.002	0.01	0.01	0.005	ERR
Special Tests	0.42	0.41	0.51	0.57	0.156	37%
Echocardiograph	0.01	0.01	0.01	0.02	0.018	360%
POST-HOSP						
Office Visits	0.18	0.23	0.19	0.20	0.020	11%
Home Visits	0.01	0.004	0.003	0.004	-0.003	-43%
SNF/NH Visits	0.002	0.004	0.01	0.01	0.004	200%
ER Visits	0.01	0.02	0.02	0.02	0.005	36%
Consults	0.01	0.01	0.01	0.01	-0.006	-43%
Surgery	0.002	0.01	0.01	0.02	0.021	1050%
Anesthesia	0	0.01	0.01	0.002	0.002	ERR
Lab	0.21	0.19	0.19	0.21	-0.004	-2%
Radiology	0.10	0.12	0.11	0.13	0.030	29%
CAT Scans	0	0.001	0.002	0.001	0.001	ERR
Ultrasound	0	0.001	0	0	0.000	ERR
Special Tests	0.12	0.15	0.14	0.15	0.023	19%
Echocardiograph	0.002	0.004	0.004	0.002	0.000	0%

CATHETERIZATIONS
MOS FOR
ALL CASES
DRG 124

	PERIOD 1 99 CASES	PERIOD 2 1860 CASES	PERIOD 3 3058 CASES	PERIOD 4 3902 CASES	PERIOD 4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Length of Stay	16.08	8.36	8.14	8.10	-7.982	-50%
Total Part B						
Hospital Visits	7.61	7.21	7.09	6.94	-0.662	-9%
ICU Visits	0.92	0.72	0.96	1.06	0.137	15%
Consults	0.60	0.62	0.72	0.76	0.168	28%
Surgery	1.24	1.13	1.13	1.14	-0.099	-8%
Catheterizations						
Lab	1.43	0.15	0.16	0.18	-1.255	-88%
Radiology	3.17	2.58	2.52	2.38	-0.794	-25%
CAT Scans	0.02	0.03	0.04	0.06	0.039	195%
MRI	0	0	0	0.001	0.001	ERR
Ultrasound	0.04	0.07	0.08	0.08	0.038	95%
Special Tests	2.48	2.52	2.93	3.25	0.779	31%
Echocardiograph	0.32	0.26	0.28	0.33	0.008	2%
Doppler	0.02	0.06	0.07	0.08	0.064	320%
Selected Cardiac	1.75	1.94	2.30	2.56	0.813	47%
Part B NEC						
PRE-HOSP						
Total Part B						
Office Visits	0.36	0.31	0.38	0.42	0.053	15%
Home Visits	0.01	0.004	0.002	0.002	-0.008	-80%
SNF/NH Visits	0	0.001	0.001	0.001	0.001	ERR
ER Visits	0.23	0.15	0.19	0.21	-0.024	-10%
Consults	0.06	0.05	0.05	0.05	-0.011	-18%
Surgery	0.03	0.02	0.03	0.05	0.017	57%
Lab	0.44	0.28	0.33	0.38	-0.067	-15%
Radiology	0.29	0.17	0.21	0.27	-0.026	-9%
CAT Scans	0	0.002	0.002	0.003	0.003	ERR
Ultrasound	0	0.003	0.01	0.01	0.005	ERR
Special Tests	0.32	0.35	0.46	0.50	0.175	54%
Echocardiograph	0.03	0.02	0.03	0.03	0.004	13%
POST-HOSP						
Total Part B						
Office Visits	0.27	0.25	0.25	0.25	-0.026	-10%
Home Visits	0	0.002	0.003	0.002	0.002	ERR
SNF/NH Visits	0.01	0.003	0.01	0.002	-0.008	-80%
ER Visits	0.02	0.02	0.02	0.02	0.003	15%
Consults	0.02	0.02	0.02	0.01	-0.006	-30%
Surgery	0	0.02	0.04	0.04	0.036	ERR
Lab	0.22	0.16	0.18	0.21	-0.016	-7%
Radiology	0.05	0.09	0.10	0.11	0.059	116%
CAT Scans	0	0.001	0.002	0.003	0.003	ERR
Ultrasound	0	0.01	0.003	0.003	0.003	ERR
Special Tests	0.12	0.13	0.16	0.14	0.018	15%
Echocardiograph	0	0.01	0.01	0.003	0.003	ERR

CATHETERIZATIONS
HOS FOR
ALL CASES
DRG 125

	PERIOD 1 909 CASES	PERIOD 2 3994 CASES	PERIOD 3 5626 CASES	PERIOD 4 6520 CASES	PERIOD 4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Length of Stay	7.34	4.90	4.42	4.45	-2.888	-39%
Hospital Visits	4.84	3.79	3.15	3.23	-1.615	-33%
ICU Visits	0.27	0.17	0.19	0.25	-0.024	-9%
Consults	0.46	0.40	0.37	0.45	-0.011	-2%
Surgery	1.14	1.10	1.08	1.10	-0.043	-4%
Lab	1.49	0.06	0.06	0.08	-1.411	-95%
Radiology	1.97	1.73	1.61	1.53	-0.441	-22%
CAT Scans	0.03	0.03	0.03	0.04	0.009	31%
MRI	0	0	0	0	0.000	ERR
Ultrasound	0.05	0.05	0.06	0.06	0.014	29%
Special Tests	1.83	1.58	1.64	1.77	-0.055	-3%
Echocardiograph	0.17	0.15	0.15	0.17	0.000	0%
Doppler	0.03	0.06	0.05	0.07	0.032	97%
Selected Cardiac	1.41	1.21	1.29	1.39	-0.017	-1%
PRE-HOSP						
Office Visits	0.34	0.34	0.36	0.38	0.040	12%
Home Visits	0.001	0.001	0.001	0.001	0.000	0%
SNF/NH Visits	0.002	0	0	0	-0.002	-100%
ER Visits	0.08	0.09	0.09	0.11	0.028	35%
Consults	0.05	0.06	0.08	0.08	0.027	53%
Surgery	0.01	0.02	0.02	0.03	0.021	162%
Lab	0.31	0.36	0.42	0.43	0.118	38%
Radiology	0.14	0.16	0.19	0.23	0.082	57%
CAT Scans	0	0.002	0.002	0.003	0.003	ERR
Ultrasound	0.003	0.01	0.004	0.01	0.003	100%
Special Tests	0.33	0.35	0.44	0.45	0.123	38%
Echocardiograph	0.004	0.02	0.03	0.03	0.025	625%
POST-HOSP						
Office Visits	0.22	0.24	0.23	0.22	0.001	0%
Home Visits	0.001	0.003	0.001	0	-0.001	-100%
SNF/NH Visits	0.001	0.001	0.001	0.002	0.001	100%
ER Visits	0.01	0.01	0.02	0.02	0.009	113%
Consults	0.01	0.01	0.01	0.02	0.002	15%
Surgery	0.01	0.02	0.02	0.03	0.016	123%
Lab	0.06	0.08	0.09	0.11	0.051	88%
Radiology	0.07	0.09	0.08	0.08	0.015	23%
CAT Scans	0.001	0.003	0.002	0.003	0.002	200%
Ultrasound	0.01	0.004	0.004	0.003	-0.003	-50%
Special Tests	0.05	0.12	0.11	0.09	0.041	77%
Echocardiograph	0.01	0.01	0.01	0.01	-0.001	-17%

ATHEROSCLEROSIS
NOS FOR
ALL CASES
DRG 132

	PERIOD 1 1756 CASES	PERIOD 2 4495 CASES	PERIOD 3 2182 CASES	PERIOD 4 1508 CASES	PERIOD 4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Length of Stay	8.76	7.21	6.42	6.28	-2.480	-28%
Hospital Visits	7.67	6.51	5.66	5.47	-2.199	-29%
ICU Visits	0.29	0.35	0.50	0.57	0.288	101%
Consults	0.27	0.28	0.35	0.43	0.158	59%
Surgery	0.09	0.07	0.09	0.08	-0.011	-12%
Lab	0.81	0.07	0.07	0.10	-0.709	-87%
Radiology	1.79	1.85	1.69	1.79	0.005	0%
CAT Scans	0.06	0.05	0.05	0.08	0.015	25%
MRI	0	0	0	0.001	0.001	ERR
Ultrasound	0.07	0.08	0.07	0.10	0.027	37%
Special Tests	1.66	1.80	1.91	2.08	0.421	25%
Echocardiograph	0.07	0.10	0.11	0.16	0.087	118%
Doppler	0.01	0.03	0.03	0.05	0.040	333%
Selected Cardiac	1.48	1.58	1.70	1.76	0.284	19%
PRE-HOSP						
Office Visits	0.32	0.30	0.32	0.32	0.009	3%
Home Visits	0.01	0.01	0.01	0.01	0.003	37%
SNF/NH Visits	0.01	0.01	0.01	0.01	-0.003	-25%
ER Visits	0.18	0.25	0.29	0.31	0.126	69%
Consults	0.01	0.01	0.02	0.01	0.003	43%
Surgery	0.02	0.02	0.03	0.05	0.035	206%
Lab	0.19	0.20	0.28	0.29	0.103	55%
Radiology	0.13	0.15	0.20	0.24	0.114	88%
CAT Scans	0.002	0.001	0.002	0.01	0.005	250%
Ultrasound	0.001	0.001	0.004	0.003	0.002	200%
Special Tests	0.17	0.22	0.30	0.31	0.141	85%
Echocardiograph	0.004	0.002	0.01	0.001	-0.003	-75%
POST-HOSP						
Office Visits	0.17	0.24	0.24	0.27	0.101	58%
Home Visits	0.01	0.01	0.01	0.004	-0.003	-43%
SNF/NH Visits	0.02	0.03	0.02	0.02	-0.002	-9%
ER Visits	0.02	0.02	0.02	0.02	0.007	47%
Consults	0.01	0.01	0.01	0.02	0.010	200%
Surgery	0.01	0.02	0.01	0.02	0.009	64%
Lab	0.11	0.14	0.17	0.21	0.100	89%
Radiology	0.03	0.06	0.07	0.08	0.047	162%
CAT Scans	0.003	0.001	0.004	0.003	0.000	0%
Ultrasound	0.002	0.002	0.003	0.001	-0.001	-50%
Special Tests	0.05	0.10	0.10	0.12	0.073	159%
Echocardiograph	0	0.01	0.01	0.01	0.005	ERR

ANGINA
MOS FOR
ALL CASES
DRG 140

	PERIOD 1 1967 CASES	PERIOD 2 13079 CASES	PERIOD 3 17983 CASES	PERIOD 4 19563 CASES	PERIOD 4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Length of Stay	6.65	5.84	5.54	5.51	-1.136	-17%
Hospital Visits	5.66	4.95	4.76	4.73	-0.933	-16%
ICU Visits	0.41	0.44	0.57	0.64	0.227	55%
Consults	0.21	0.23	0.26	0.34	0.129	61%
Surgery	0.05	0.04	0.04	0.04	-0.005	-10%
Lab	0.81	0.05	0.06	0.08	-0.733	-90%
Radiology	1.19	1.34	1.32	1.32	0.132	11%
CAT Scans	0.02	0.02	0.03	0.04	0.019	119%
MRI	0	0	0	0	0.000	ERR
Ultrasound	0.05	0.05	0.06	0.06	0.016	36%
Special Tests	1.61	1.60	2.10	2.25	0.642	40%
Echocardiograph	0.07	0.07	0.10	0.12	0.057	85%
Doppler	0.01	0.01	0.02	0.02	0.018	360%
Selected Cardiac	1.49	1.49	1.96	2.07	0.583	39%
PRE-HOSP						
Office Visits	0.31	0.27	0.30	0.30	-0.013	-4%
Home Visits	0.01	0.004	0.01	0.004	-0.002	-33%
SNF/NH Visits	0.01	0.01	0.01	0.01	0.000	0%
ER Visits	0.20	0.29	0.31	0.35	0.155	79%
Consults	0.01	0.01	0.01	0.01	0.002	25%
Surgery	0.01	0.02	0.02	0.03	0.021	162%
Lab	0.22	0.17	0.21	0.23	0.017	8%
Radiology	0.11	0.13	0.17	0.21	0.095	85%
CAT Scans	0	0.001	0.002	0.002	0.002	ERR
Ultrasound	0.001	0.001	0.003	0.003	0.002	200%
Special Tests	0.24	0.26	0.35	0.37	0.129	54%
Echocardiograph	0.01	0.002	0.002	0.004	-0.001	-20%
POST-HOSP						
Office Visits	0.25	0.28	0.27	0.27	0.020	8%
Home Visits	0.01	0.004	0.003	0.003	-0.005	-63%
SNF/NH Visits	0.02	0.01	0.01	0.01	-0.007	-41%
ER Visits	0.02	0.02	0.03	0.03	0.012	80%
Consults	0.01	0.01	0.01	0.01	0.004	67%
Surgery	0.01	0.01	0.02	0.03	0.020	400%
Lab	0.11	0.13	0.15	0.16	0.051	49%
Radiology	0.04	0.08	0.07	0.07	0.027	63%
CAT Scans	0.003	0.002	0.002	0.002	-0.001	-33%
Ultrasound	0.003	0.004	0.004	0.003	0.000	0%
Special Tests	0.08	0.12	0.13	0.13	0.049	64%
Echocardiograph	0.004	0.01	0.01	0.01	0.002	50%

STROKE
NOS FOR
ALL CASES
DRG 14

	PERIOD 1 2606 CASES	PERIOD 2 14716 CASES	PERIOD 3 17844 CASES	PERIOD 4 18043 CASES	PERIOD 4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Length of Stay	15.22	11.88	10.68	10.13	-5.093	-33%
Hospital Visits	12.91	11.20	10.31	9.72	-3.195	-25%
ICU Visits	0.21	0.28	0.32	0.34	0.122	57%
Consults	0.59	0.65	0.68	0.77	0.178	30%
Surgery	0.10	0.12	0.12	0.11	0.01	10%
Selected Cardiac	0.78	0.77	0.94	1.02	0.24	31%
Lab	1.43	0.08	0.08	0.08	-1.351	-94%
Radiology	2.29	2.47	2.43	2.50	0.21	9%
CAT Scans	0.51	0.63	0.71	0.78	0.27	53%
MRI	0	0	0	0.01	0.008	BRR
Ultrasound	0.05	0.06	0.05	0.06	0.006	12%
Special Tests	1.25	1.18	1.46	1.63	0.383	31%
Echocardiograph	0.07	0.09	0.13	0.17	0.105	159%
Doppler	0.04	0.08	0.14	0.18	0.139	323%
PRE-HOSP						
Office Visits	0.19	0.19	0.21	0.22	0.026	14%
Home Visits	0.02	0.02	0.02	0.02	0	0%
SNF/NH Visits	0.02	0.02	0.02	0.02	-0.003	-13%
ER Visits	0.25	0.31	0.35	0.38	0.131	53%
Consults	0.01	0.02	0.02	0.02	0.008	57%
Surgery	0.01	0.03	0.03	0.04	0.031	258%
Lab	0.24	0.19	0.22	0.24	-0.008	-3%
Radiology	0.14	0.15	0.19	0.24	0.109	81%
CAT Scans	0.02	0.03	0.04	0.07	0.044	183%
Ultrasound	0.001	0.003	0.002	0.002	0.001	100%
Special Tests	0.09	0.11	0.17	0.18	0.095	112%
Echocardiograph	0.001	0.002	0.002	0.004	0.003	300%
POST-HOSP						
Office Visits	0.11	0.14	0.13	0.13	0.016	14%
Home Visits	0.01	0.01	0.01	0.01	-0.007	-54%
SNF/NH Visits	0.08	0.11	0.11	0.09	0.005	6%
ER Visits	0.01	0.01	0.01	0.01	0.002	20%
Consults	0.02	0.01	0.02	0.04	0.023	153%
Surgery	0.004	0.01	0.01	0.03	0.023	575%
Lab	0.19	0.22	0.26	0.25	0.061	32%
Radiology	0.04	0.06	0.08	0.08	0.04	111%
CAT Scans	0.004	0.01	0.01	0.01	0.008	200%
Ultrasound	0.001	0.001	0.002	0.001	0	0%
Special Tests	0.03	0.04	0.05	0.06	0.026	87%
Echocardiograph	0.002	0.003	0.004	0.01	0.003	150%

STROKE
MOS FOR
ALL CASES
DRG 15

	PERIOD 1 1349 CASES	PERIOD 2 8084 CASES	PERIOD 3 9337 CASES	PERIOD 4 8896 CASES	PERIOD 4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Length of Stay	7.35	6.02	5.76	5.77	-1.574	-21%
Hospital Visits	6.19	5.59	5.43	5.49	-0.7	-11%
ICU Visits	0.06	0.07	0.10	0.11	0.053	88%
Consults	0.43	0.46	0.49	0.54	0.11	25%
Surgery	0.08	0.08	0.08	0.07	-0.006	-8%
Selected Cardiac	0.72	0.69	0.87	0.93	0.219	31%
Lab	0.88	0.04	0.04	0.05	-0.826	-94%
Radiology	1.85	1.89	1.83	1.85	0.002	0%
CAT Scans	0.32	0.38	0.44	0.51	0.187	58%
MRI	0	0	0	0.01	0.007	ERR
Ultrasound	0.05	0.07	0.06	0.07	0.017	34%
Special Tests	1.11	1.14	1.44	1.64	0.535	48%
Echocardiograph	0.06	0.09	0.12	0.17	0.109	195%
Doppler	0.07	0.15	0.21	0.29	0.221	303%
PRE-HOSP						
Office Visits	0.27	0.26	0.29	0.30	0.024	9%
Home Visits	0.01	0.01	0.01	0.01	0.001	10%
SNF/NH Visits	0.01	0.01	0.01	0.01	0	0%
ER Visits	0.19	0.26	0.29	0.34	0.147	76%
Consults	0.03	0.03	0.03	0.03	0	0%
Surgery	0.01	0.02	0.02	0.03	0.024	240%
Lab	0.20	0.21	0.26	0.26	0.062	32%
Radiology	0.14	0.14	0.17	0.19	0.052	38%
CAT Scans	0.02	0.02	0.03	0.04	0.022	138%
Ultrasound	0.01	0.01	0.01	0.01	-0.002	-29%
Special Tests	0.09	0.14	0.21	0.21	0.126	145%
Echocardiograph	0	0.003	0.004	0.004	0.004	ERR
POST-HOSP						
Office Visits	0.22	0.26	0.25	0.26	0.039	18%
Home Visits	0.004	0.01	0.004	0.004	0	0%
SNF/NH Visits	0.03	0.03	0.03	0.02	-0.009	-30%
ER Visits	0.01	0.01	0.01	0.02	0.006	67%
Consults	0.01	0.02	0.02	0.02	0.008	73%
Surgery	0.001	0.01	0.01	0.04	0.036	3600%
Lab	0.19	0.21	0.25	0.28	0.086	45%
Radiology	0.06	0.09	0.08	0.07	0.017	30%
CAT Scans	0.02	0.02	0.02	0.02	-0.001	-6%
Ultrasound	0.003	0.01	0.004	0.002	-0.001	-33%
Special Tests	0.06	0.07	0.09	0.09	0.037	67%
Echocardiograph	0.01	0.01	0.01	0.01	0.002	29%

CHOLECYSTECTOMY
MOS FOR
ALL CASES
DRG 197

	PERIOD 1 602 CASES	PERIOD 2 4093 CASES	PERIOD 3 4912 CASES	PERIOD 4 5537 CASES	PERIOD4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Length of Stay	13.28	11.94	11.11	10.85	-2.43	-18%
Hospital Visits	6.09	6.05	5.54	5.41	-0.686	-11%
ICU Visits	0.27	0.19	0.21	0.30	0.03	11%
Consults	0.47	0.55	0.53	0.53	0.053	11%
Surgery	1.17	1.26	1.23	1.22	0.045	4%
Lab	2.28	0.89	0.99	1.03	-1.252	-55%
Surgical Pathology	0.30	0.82	0.91	0.96	0.659	220%
Radiology	3.55	3.49	3.37	3.40	-0.158	-4%
CAT Scans	0.05	0.08	0.09	0.10	0.051	100%
Ultrasound	0.35	0.39	0.36	0.37	0.016	5%
Special Tests	1.03	0.91	1.10	1.17	0.138	13%
Selected Cardiac	0.82	0.80	0.98	1.04	0.215	26%
PRE-HOSP						
Office Visits	0.35	0.33	0.37	0.40	0.051	14%
Home Visits	0.01	0.01	0.01	0.01	0	0%
SNF/NH Visits	0.01	0.01	0.01	0.01	-0.002	-20%
ER Visits	0.11	0.15	0.18	0.20	0.093	86%
Consults	0.02	0.03	0.04	0.04	0.017	85%
Surgery	0.02	0.02	0.03	0.05	0.034	189%
Anesthesia	0.002	0.001	0.002	0.01	0.003	150%
Lab	0.41	0.40	0.51	0.60	0.185	45%
Radiology	0.32	0.34	0.43	0.53	0.211	67%
CAT Scans	0.003	0.01	0.01	0.01	0.011	367%
Ultrasound	0.05	0.06	0.08	0.10	0.054	112%
Special Tests	0.10	0.11	0.19	0.22	0.119	124%
POST-HOSP						
Office Visits	0.10	0.13	0.12	0.12	0.018	18%
Home Visits	0.01	0.004	0.004	0.003	-0.005	-63%
SNF/NH Visits	0.02	0.02	0.03	0.02	-0.004	-20%
ER Visits	0.002	0.01	0.02	0.01	0.011	550%
Consults	0.00	0.01	0.002	0.01	0.003	150%
Surgery	0.01	0.01	0.01	0.02	0.014	175%
Anesthesia	0.002	0.001	0.002	0.001	-0.001	-50%
Lab	0.09	0.15	0.16	0.18	0.091	103%
Radiology	0.01	0.05	0.05	0.04	0.028	280%
CAT Scans	0.00	0.001	0.002	0.002	0.002	ERR
Ultrasound	0.00	0.002	0.003	0.001	0.001	ERR
Special Tests	0.002	0.02	0.01	0.02	0.015	750%

CHOLECYSTECTOMY
NOS FOR
ALL CASES
DRG 198

	PERIOD 1 363 CASES	PERIOD 2 1047 CASES	PERIOD 3 1132 CASES	PERIOD 4 1113 CASES	PERIOD4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Length of Stay	11.28	8.94	8.11	7.70	-3.572	-32%
Hospital Visits	5.19	2.98	2.48	2.07	-3.118	-60%
ICU Visits	0.08	0.06	0.03	0.03	-0.046	-57%
Consults	0.40	0.30	0.24	0.23	-0.164	-41%
Surgery	1.13	1.10	1.08	1.07	-0.061	-5%
Lab	2.42	0.76	0.90	0.95	-1.475	-61%
Surgical Pathology	0.33	0.73	0.86	0.90	0.572	174%
Radiology	3.09	2.22	1.92	1.88	-1.204	-39%
CAT Scans	0.04	0.03	0.02	0.03	-0.011	-28%
Ultrasound	0.33	0.22	0.20	0.20	-0.136	-41%
Special Tests	0.90	0.64	0.71	0.66	-0.236	-26%
Selected Cardiac	0.65	0.56	0.67	0.61	-0.042	-6%
PRE-HOSP						
Office Visits	0.31	0.35	0.39	0.43	0.123	40%
Home Visits	0.003	0.001	0.00	0.001	-0.002	-67%
SNF/NH Visits	0.003	0.003	0.00	0.00	-0.003	-100%
ER Visits	0.09	0.09	0.10	0.13	0.042	46%
Consults	0.03	0.03	0.03	0.03	0.006	21%
Surgery	0.01	0.03	0.04	0.05	0.038	345%
Anesthesia	0.00	0.003	0.00	0.002	0.002	ERR
Lab	0.30	0.30	0.50	0.52	0.229	78%
Radiology	0.30	0.35	0.50	0.57	0.267	89%
CAT Scans	0.01	0.01	0.01	0.01	0.001	12%
Ultrasound	0.05	0.06	0.09	0.11	0.055	110%
Special Tests	0.14	0.11	0.18	0.24	0.101	75%
POST-HOSP						
Office Visits	0.10	0.09	0.08	0.08	-0.02	-21%
Home Visits	0.01	0.00	0.00	0.001	-0.005	-83%
SNF/NH Visits	0.003	0.002	0.003	0.00	-0.003	-100%
ER Visits	0.03	0.01	0.01	0.01	-0.019	-76%
Consults	0.003	0.01	0.002	0.003	0	0%
Surgery	0.01	0.01	0.01	0.01	0.007	117%
Anesthesia	0.00	0.001	0.001	0.00	0	ERR
Lab	0.10	0.09	0.09	0.06	-0.039	-39%
Radiology	0.01	0.02	0.02	0.02	0.008	57%
CAT Scans	0.00	0.00	0.00	0.001	0.001	ERR
Ultrasound	0.00	0.002	0.001	0.00	0	ERR
Special Tests	0.003	0.01	0.01	0.01	0.004	133%

APPENDIX C

EXPENDITURES AND VOLUMES BY DRG

PROSTATECTOMY
ALL CASES
DRG 306

	PERIOD 1 TOTAL CASES:146		PERIOD 2 TOTAL CASES:1163		PERIOD 3 TOTAL CASES:1772		PERIOD 4 TOTAL CASES:1306		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		10.75		9.49		8.23		8.59		-2.156		-20%
Total Part B	$1,294.94		$1,418.48		$1,366.36		$1,463.00		$168.07		13%	
Hospital Visits	$117.61	5.43	$121.40	5.04	$109.99	4.37	$128.28	4.82	$10.66	-0.614	9%	-11%
ICU Visits	$0.78	0.06	$2.27	0.06	$2.42	0.07	$4.67	0.12	$3.88	0.064	495%	116%
Consults	$31.04	0.50	$33.68	0.53	$27.05	0.44	$31.67	0.50	$0.63	-0.003	2%	-1%
Surgery	$929.10	1.38	$1,028.52	1.46	$1,013.55	1.42	$1,048.40	1.47	$119.31	0.088	13%	6%
Assistant Surgery	$8.45		$3.85		$2.02		$1.76		($6.68)		-79%	
Anesthesia	$156.77		$174.73		$165.34		$176.21		$19.44		12%	
Lab	$23.57	2.53	$29.44	0.93	$34.41	1.03	$39.87	1.07	$16.30	-1.467	69%	-58%
Surgical Pathology	$14.14	0.37	$28.15	0.83	$33.24	0.95	$38.32	0.97	$24.19	0.596	171%	161%
Radiology	$51.99	1.93	$44.75	1.85	$39.60	1.57	$47.39	1.73	($4.59)	-0.196	-9%	-13%
CAT Scans	$5.53	0.07	$4.97	0.06	$6.49	0.07	$9.03	0.11	$3.50	0.037	63%	54%
Ultrasound	$2.83	0.06	$3.92	0.08	$3.02	0.07	$4.70	0.10	$1.87	0.039	66%	63%
Special Tests	$12.08	0.88	$9.42	0.69	$7.99	0.71	$10.88	0.87	($1.20)	-0.016	-10%	-2%
Selected Cardiac	$8.82	0.77	$6.65	0.62	$6.07	0.65	$7.11	0.78	($1.72)	0.011	-19%	1%
Part B NEC	$3.46		$8.41		$4.85		$9.74		$6.28		181%	
PRE-HOSP												
Total Part B	$41.34		$45.23		$70.47		$84.01		$42.68		103%	
Office Visits	$7.27	0.33	$9.18	0.40	$10.75	0.49	$11.84	0.51	$4.57	0.176	63%	53%
Home Visits	$0.00	0	$0.04	0.002	$0.07	0.003	$0.29	0.01	$0.29	0.009	ERR	ERR
SNF/NH Visits	$0.00	0	$0.20	0.01	$0.28	0.02	$0.24	0.01	$0.24	0.011	ERR	ERR
ER Visits	$2.67	0.08	$3.17	0.11	$4.13	0.13	$5.50	0.17	$2.82	0.083	106%	101%
Consults	$2.41	0.05	$1.72	0.03	$2.28	0.05	$3.21	0.07	$0.79	0.017	33%	35%
Surgery	$8.83	0.13	$9.81	0.15	$20.07	0.21	$22.87	0.23	$14.04	0.096	159%	74%
Anesthesia	$0.00	0	$0.10	0.002	$1.45	0.01	$2.33	0.02	$2.33	0.02	ERR	ERR
Lab	$6.04	0.62	$6.25	0.65	$10.74	0.94	$13.72	1.13	$7.68	0.51	127%	83%
Radiology	$11.40	0.24	$10.55	0.25	$14.06	0.37	$16.30	0.45	$4.90	0.213	43%	89%
CAT Scans	$0.00	0	$0.94	0.01	$0.57	0.01	$0.62	0.01	$0.62	0.006	ERR	ERR
Ultrasound	$0.17	0.01	$0.53	0.01	$0.79	0.01	$1.77	0.02	$1.60	0.011	922%	157%
Special Tests	$1.53	0.06	$2.70	0.11	$4.30	0.22	$5.09	0.24	$3.56	0.173	232%	279%
POST-HOSP												
Total Part B	$9.32		$10.57		$10.21		$15.80		$6.47		69%	
Office Visits	$1.73	0.10	$1.96	0.11	$1.75	0.10	$1.94	0.10	$0.22	0.001	12%	1%
Home Visits	$0.00	0	$0.09	0.003	$0.09	0.003	$0.17	0.01	$0.17	0.005	ERR	ERR
SNF/NH Visits	$0.61	0.02	$0.39	0.02	$0.43	0.02	$0.53	0.02	($0.07)	0	-12%	0%
ER Visits	$0.12	0.01	$0.29	0.01	$0.31	0.01	$0.50	0.02	$0.38	0.013	321%	186%
Consults	$0.84	0.01	$0.32	0.01	$0.38	0.01	$0.64	0.01	($0.20)	-0.004	-24%	-29%
Surgery	$0.17	0.01	$1.83	0.01	$0.74	0.02	$5.17	0.03	$5.00	0.017	2925%	121%
Anesthesia	$0.00	0	$0.33	0.003	$0.07	0.001	$0.53	0.004	$0.53	0.004	ERR	ERR
Lab	$2.40	0.16	$1.44	0.16	$1.64	0.19	$1.75	0.18	($0.65)	0.017	-27%	11%
Radiology	$1.30	0.01	$1.52	0.04	$3.61	0.07	$2.84	0.08	$1.54	0.063	119%	458%
CAT Scans	$0.55	0.01	$0.17	0.002	$0.60	0.004	$0.76	0.01	$0.21	0.001	39%	14%
Ultrasound	$0.75	0.01	$0.09	0.002	$0.00	0	$0.11	0.002	($0.64)	-0.005	-85%	-71%
Special Tests	$0.21	0.01	$0.48	0.02	$0.32	0.01	$0.27	0.02	$0.07	0.003	32%	21%

PROSTATECTOMY
ALL CASES
DRG 307

	PERIOD 1 TOTAL CASES:30		PERIOD 2 TOTAL CASES:158		PERIOD 3 TOTAL CASES:210		PERIOD 4 TOTAL CASES:117		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		7.93		7.58		6.12		6.30		-1.634		-21%
Total Part B	$944.41		$1,183.70		$1,165.91		$1,226.61		$282.19		30%	
Hospital Visits	$39.72	2.00	$68.90	2.95	$52.46	1.75	$64.59	2.26	$24.87	0.256	63%	13%
ICU Visits	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	0%	0%
Consults	$22.08	0.40	$18.71	0.32	$12.73	0.20	$8.88	0.14	($13.19)	-0.263	-60%	-66%
Surgery	$743.73	1.17	$900.67	1.31	$919.06	1.24	$946.73	1.21	$203.00	0.038	27%	3%
Assistant Surgery	$3.64		$2.24		$1.78		$11.37		$7.73		212%	
Anesthesia	$124.79		$161.77		$152.53		$151.59		$26.80		21%	
Lab	$13.53	1.20	$29.39	0.85	$31.19	0.94	$31.89	0.90	$18.36	-0.303	136%	-25%
Surgical Pathology	$9.18	0.23	$28.26	0.81	$30.36	0.87	$31.45	0.87	$22.27	0.639	242%	274%
Radiology	$17.56	0.97	$33.85	1.35	$25.34	0.98	$31.17	1.13	$13.61	0.161	78%	17%
CAT Scans	$0.00	0	$2.10	0.03	$2.97	0.03	$4.77	0.06	$4.77	0.06	ERR	ERR
Ultrasound	$1.40	0.03	$1.28	0.03	$2.14	0.06	$2.16	0.05	$0.75	0.018	54%	55%
Special Tests	$4.75	0.47	$7.28	0.52	$4.77	0.47	$5.22	0.54	$0.47	0.071	10%	15%
Selected Cardiac	$4.63	0.43	$4.35	0.46	$3.76	0.43	$4.50	0.51	($0.14)	0.08	-3%	18%
Part B NEC	$3.70		$1.62		$2.90		$0.36		($3.34)		-90%	
PRE-HOSP												
Total Part B	$39.36		$44.94		$63.97		$78.51		$39.16		100%	
Office Visits	$7.19	0.37	$7.24	0.33	$9.25	0.44	$10.15	0.48	$2.96	0.112	41%	31%
Home Visits	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	0%	0%
SNF/NH Visits	$0.00	0	$0.00	0	$0.00	0	$0.26	0.01	$0.26	0.009	ERR	ERR
ER Visits	$0.65	0.03	$1.61	0.05	$3.03	0.08	$1.83	0.07	$1.18	0.035	181%	106%
Consults	$1.75	0.03	$1.06	0.02	$0.95	0.02	$4.12	0.08	$2.37	0.044	136%	133%
Surgery	$5.86	0.13	$16.01	0.19	$19.24	0.21	$19.22	0.19	$13.36	0.055	228%	41%
Anesthesia	$0.00	0	$0.00	0	$2.32	0.02	$3.16	0.03	$3.16	0.034	ERR	ERR
Lab	$10.08	0.93	$7.03	0.65	$10.04	0.86	$16.21	1.14	$6.13	0.204	61%	22%
Radiology	$12.84	0.27	$8.98	0.24	$14.19	0.34	$15.85	0.44	$3.01	0.169	23%	63%
CAT Scans	$0.00	0	$0.00	0	$0.99	0.01	$1.85	0.02	$1.85	0.017	ERR	ERR
Ultrasound	$0.00	0	$0.82	0.01	$0.00	0	$0.34	0.01	$0.34	0.009	ERR	ERR
Special Tests	$0.98	0.07	$2.71	0.15	$3.35	0.18	$6.25	0.27	$5.27	0.207	536%	309%
POST-HOSP												
Total Part B	$17.86		$8.82		$8.85		$14.52		($3.35)		-19%	
Office Visits	$0.82	0.07	$2.07	0.10	$2.25	0.11	$1.36	0.08	$0.54	0.01	66%	15%
Home Visits	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	0%	0%
SNF/NH Visits	$0.00	0	$0.00	0	$0.17	0.01	$0.00	0	$0.00	0	ERR	ERR
ER Visits	$0.00	0	$0.00	0	$0.23	0.01	$0.13	0.01	$0.13	0.009	ERR	ERR
Consults	$1.07	0.03	$0.92	0.01	$0.00	0	$0.00	0	($1.07)	-0.033	-100%	-100%
Surgery	$1.00	0.03	$0.35	0.01	$0.42	0.03	$9.79	0.22	$8.79	0.189	879%	573%
Anesthesia	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	0%	0%
Lab	$4.36	0.23	$1.59	0.12	$1.33	0.14	$1.82	0.18	($2.53)	-0.054	-58%	-23%
Radiology	$9.87	0.33	$2.51	0.07	$2.45	0.07	$0.37	0.03	($9.50)	-0.307	-96%	-92%
CAT Scans	$0.00	0	$1.26	0.01	$0.00	0	$0.00	0	$0.00	0	ERR	ERR
Ultrasound	$0.60	0	$0.31	0.01	$0.00	0	$0.00	0	$0.00	0	ERR	ERR
Special Tests	$0.42	0.03	$0.19	0.01	$0.79	0.01	$0.40	0.03	($0.02)	0.001	-5%	3%

TURP
ALL CASES
DRG 336

	PERIOD 1 TOTAL CASES:1284		PERIOD 2 TOTAL CASES:8329		PERIOD 3 TOTAL CASES:10200		PERIOD 4 TOTAL CASES:11882		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		9.76		8.25		7.45		7.02		-2.733		-28%
Total Part B	$1,261.24		$1,339.60		$1,346.22		$1,349.05		$87.81		7%	
Hospital Visits	$96.01	4.36	$84.95	3.41	$78.67	3.01	$71.28	2.57	($24.74)	-1.786	-26%	-41%
ICU Visits	$1.95	0.05	$1.72	0.04	$1.30	0.04	$1.58	0.05	($0.37)	0.003	-19%	7%
Consults	$27.14	0.46	$26.77	0.44	$25.00	0.40	$23.80	0.39	($3.34)	-0.071	-12%	-15%
Surgery	$921.00	1.29	$996.69	1.29	$1,010.12	1.25	$1,014.78	1.19	$93.78	-0.097	10%	-8%
Assistant Surgery	$2.48		$2.06		$1.54		$1.56		($0.91)		-37%	
Anesthesia	$159.94		$176.76		$174.84		$175.71		$15.77		10%	
Lab	$21.83	1.95	$29.94	0.86	$35.56	1.01	$42.11	1.02	$20.28	-0.926	93%	-48%
Surgical Pathology	$13.51	0.35	$28.84	0.80	$34.50	0.93	$41.07	0.96	$27.56	0.612	204%	175%
Radiology	$49.36	1.75	$41.30	1.56	$35.68	1.34	$33.28	1.22	($16.08)	-0.532	-33%	-30%
CAT Scans	$4.74	0.05	$3.95	0.05	$4.47	0.05	$4.77	0.06	$0.03	0.004	1%	8%
MRI	$0.00	0	$0.00	0	$0.00	0	$0.07	0.001	$0.07	0.001	ERR	ERR
Special Tests	$10.50	0.79	$7.86	0.65	$7.78	0.71	$8.59	0.75	($1.91)	-0.039	-18%	-5%
Ultrasound	$2.76	0.06	$2.57	0.06	$2.10	0.05	$2.44	0.05	($0.32)	-0.001	-12%	-2%
Selected Cardiac	$8.01	0.71	$5.66	0.57	$5.87	0.66	$6.14	0.69	($1.86)	-0.016	-23%	-2%
Part B NEC	$6.12		$2.31		$2.21		$2.63		($3.49)		-57%	
PRE-HOSP												
Total Part B	$46.67		$45.20		$64.18		$83.74		$37.07		79%	
Office Visits	$8.58	0.42	$8.82	0.40	$10.22	0.46	$11.71	0.50	$3.14	0.085	37%	20%
Home Visits	$0.15	0.01	$0.07	0.003	$0.08	0.003	$0.12	0.004	($0.03)	-0.001	-18%	-20%
SNF/NH Visits	$0.09	0.004	$0.14	0.01	$0.12	0.01	$0.12	0.01	$0.03	0.002	38%	50%
ER Visits	$1.55	0.06	$2.01	0.07	$2.52	0.09	$2.81	0.09	$1.27	0.032	82%	52%
Consults	$1.85	0.04	$1.86	0.04	$2.32	0.05	$2.72	0.05	$0.88	0.012	47%	30%
Surgery	$11.11	0.12	$9.84	0.12	$18.55	0.18	$28.11	0.22	$17.00	0.102	153%	84%
Anesthesia	$0.20	0.002	$0.59	0.01	$1.27	0.01	$1.96	0.02	$1.76	0.014	889%	700%
Lab	$6.60	0.65	$6.25	0.63	$8.28	0.80	$11.42	0.98	$4.81	0.332	73%	51%
Radiology	$11.09	0.24	$11.11	0.25	$14.54	0.35	$16.91	0.41	$5.83	0.17	53%	70%
CAT Scans	$0.06	0.001	$0.44	0.003	$0.57	0.004	$0.64	0.01	$0.59	0.004	1071%	400%
Ultrasound	$0.83	0.01	$0.56	0.01	$0.89	0.01	$1.73	0.02	$0.89	0.011	107%	122%
Special Tests	$3.08	0.14	$3.04	0.13	$3.96	0.20	$5.74	0.26	$2.66	0.122	86%	87%
POST-HOSP												
Total Part B	$7.96		$9.69		$10.39		$10.45		$2.49		31%	
Office Visits	$1.32	0.08	$1.55	0.09	$1.58	0.08	$1.59	0.08	$0.27	0.006	21%	8%
Home Visits	$0.17	0.01	$0.05	0.002	$0.05	0.002	$0.07	0.002	($0.10)	-0.003	-59%	-60%
SNF/NH Visits	$0.15	0.01	$0.45	0.02	$0.32	0.01	$0.29	0.01	$0.14	0.004	91%	50%
ER Visits	$0.25	0.01	$0.29	0.01	$0.41	0.02	$0.35	0.01	$0.09	0.004	38%	44%
Consults	$0.47	0.01	$0.48	0.01	$0.50	0.01	$0.49	0.01	$0.02	-0.001	4%	-11%
Surgery	$0.16	0.01	$0.89	0.01	$1.23	0.02	$1.63	0.02	$1.48	0.013	946%	186%
Anesthesia	$0.31	0.002	$0.11	0.001	$0.16	0.001	$0.18	0.002	($0.13)	0	-42%	0%
Lab	$1.13	0.13	$1.29	0.14	$1.50	0.17	$1.54	0.16	$0.41	0.029	37%	22%
Radiology	$2.87	0.08	$2.61	0.07	$2.86	0.07	$3.09	0.06	$0.22	-0.015	8%	-20%
CAT Scans	$0.00	0	$0.32	0.003	$0.42	0.004	$0.72	0.01	$0.72	0.005	ERR	ERR
Ultrasound	$0.10	0.002	$0.07	0.001	$0.06	0.001	$0.10	0.001	($0.00)	-0.001	-1%	-50%
Special Tests	$0.15	0.01	$0.40	0.02	$0.49	0.02	$0.40	0.01	$0.25	0.004	160%	44%

TURP
ALL CASES
DRG 337

	PERIOD 1 TOTAL CASES:519		PERIOD 2 TOTAL CASES:1511		PERIOD 3 TOTAL CASES:1572		PERIOD 4 TOTAL CASES:1571		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		8.39		6.68		5.95		5.68		-2.71		-32%
Total Part B	$1,249.87		$1,214.93		$1,233.26		$1,247.69		($2.17)		-0%	
Hospital Visits	$74.67	3.2	$48.64	1.75	$41.29	1.33	$35.26	1.04	($39.41)	-2.156	-53%	-67%
ICU Visits	$0.58	0.02	$0.31	0.01	$0.28	0.01	$0.19	0.01	($0.39)	-0.007	-67%	-47%
Consults	$22.95	0.38	$15.58	0.26	$14.37	0.24	$14.55	0.23	($8.40)	-0.149	-37%	-39%
Surgery	$953.70	1.32	$954.49	1.16	$975.87	1.14	$990.73	1.09	$37.03	-0.233	4%	-18%
Assistant Surgery	$2.97		$1.79		$1.38		$0.84		($2.13)		-72%	
Anesthesia	$146.91		$158.78		$160.85		$161.95		$15.04		10%	
Lab	$18.99	1.99	$26.18	0.84	$33.12	0.93	$39.22	0.95	$20.23	-1.041	107%	-52%
Surgical Pathology	$11.53	0.33	$25.65	0.79	$32.48	0.88	$38.77	0.91	$27.24	0.576	236%	175%
Radiology	$38.60	1.50	$26.50	1.09	$20.87	0.87	$18.73	0.76	($19.86)	-0.746	-51%	-50%
CAT Scans	$2.40	0.03	$2.48	0.03	$3.03	0.03	$2.84	0.03	$0.44	0.006	19%	24%
Ultrasound	$4.10	0.08	$1.19	0.03	$1.08	0.03	$0.84	0.02	($3.26)	-0.065	-79%	-78%
Special Tests	$7.64	0.66	$5.69	0.54	$5.70	0.54	$5.84	0.58	($1.80)	-0.072	-24%	-11%
Selected Cardiac	$5.79	0.58	$4.68	0.50	$4.18	0.50	$4.88	0.56	($0.92)	-0.015	-16%	-3%
Part B NEC	$3.06		$1.28		$1.01		$1.73		($1.33)		-44%	
PRE-HOSP												
Total Part B	$40.53		$45.45		$61.85		$82.53		$42.00		104%	
Office Visits	$7.39	0.38	$7.92	0.36	$8.79	0.39	$10.19	0.43	$2.80	0.049	38%	13%
Home Visits	$0.26	0.01	$0.02	0.001	$0.00	0	$0.00	0	($0.26)	-0.012	-100%	-100%
SNF/NH Visits	$0.02	0.002	$0.05	0.002	$0.00	0	$0.00	0	($0.02)	-0.002	-100%	-100%
ER Visits	$1.18	0.04	$0.86	0.03	$0.88	0.03	$1.09	0.04	($0.09)	-0.007	-8%	-17%
Consults	$1.84	0.04	$1.54	0.03	$1.15	0.03	$2.31	0.05	$0.48	0.006	26%	15%
Surgery	$10.37	0.11	$11.10	0.13	$19.53	0.18	$30.04	0.24	$19.67	0.126	190%	115%
Anesthesia	$0.17	0.002	$0.57	0.01	$1.32	0.01	$2.72	0.02	$2.55	0.02	1507%	1000%
Lab	$5.41	0.58	$6.46	0.60	$8.82	0.75	$11.07	0.89	$5.66	0.314	105%	54%
Radiology	$8.61	0.25	$11.64	0.25	$14.98	0.35	$17.64	0.43	$9.03	0.177	105%	71%
CAT Scans	$0.00	0	$0.64	0.003	$0.45	0.003	$0.60	0.003	$0.60	0.003	ERR	ERR
Ultrasound	$0.22	0.004	$0.53	0.01	$0.70	0.01	$2.42	0.03	$2.20	0.021	1009%	525%
Special Tests	$2.83	0.11	$3.06	0.13	$3.69	0.19	$5.48	0.27	$2.65	0.161	94%	144%
POST-HOSP												
Total Part B	$7.40		$6.54		$7.51		$8.35		$0.95		13%	
Office Visits	$1.43	0.07	$1.19	0.06	$1.02	0.06	$1.20	0.06	($0.23)	-0.009	-16%	-13%
Home Visits	$0.05	0.002	$0.00	0.001	$0.00	0	$0.00	0	($0.05)	-0.002	-100%	-100%
SNF/NH Visits	$0.03	0.002	$0.03	0.002	$0.04	0.001	$0.06	0.003	$0.03	0.001	85%	50%
ER Visits	$0.00	0	$0.28	0.01	$0.22	0.01	$0.33	0.01	$0.33	0.011	ERR	ERR
Consults	$0.29	0.004	$0.37	0.01	$0.24	0.01	$0.45	0.01	$0.16	0.007	57%	175%
Surgery	$0.12	0.01	$0.36	0.01	$0.67	0.01	$0.55	0.02	$0.43	0.01	358%	167%
Anesthesia	$0.55	0.002	$0.00	0	$0.21	0.001	$0.00	0	($0.55)	-0.002	-100%	-100%
Lab	$0.79	0.11	$1.11	0.11	$1.06	0.12	$1.26	0.13	$0.47	0.015	59%	13%
Radiology	$1.83	0.03	$2.04	0.05	$3.31	0.05	$3.35	0.05	$1.53	0.018	84%	55%
CAT Scans	$0.15	0.002	$0.11	0.001	$0.75	0.01	$0.68	0.004	$0.53	0.002	342%	100%
Ultrasound	$0.00	0	$0.13	0.003	$0.00	0	$0.17	0.002	$0.17	0.002	ERR	ERR
Special Tests	$0.27	0.01	$0.21	0.01	$0.14	0.01	$0.44	0.01	$0.17	0	63%	0%

CABG
EXP FOR
ALL CASES
DRG 107

	PERIOD 1 368 CASES	PERIOD 2 1757 CASES	PERIOD 3 2009 CASES	PERIOD 4 2170 CASES	PERIOD 4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Total Part B	$4,445.68	$4,747.23	$4,802.58	$4,903.20	$457.52	10%
Hospital Visits	$135.86	$154.84	$139.39	$136.74	$0.88	1%
ICU Visits	$48.40	$40.25	$40.24	$52.18	$3.78	8%
Consults	$35.61	$41.54	$41.41	$49.23	$13.62	38%
Surgery	$3,032.99	$3,307.70	$3,360.02	$3,426.06	$393.06	13%
Catheterizations	$7.54	$31.00	$37.70	$40.04	$32.50	431%
Assistant Surgery	$266.90	$285.37	$289.74	$309.24	$42.35	16%
Anesthesia	$731.87	$783.51	$786.00	$780.34	$48.47	7%
Lab	$63.75	$7.28	$6.33	$5.95	($57.80)	-91%
Surgical Pathology	$3.64	$3.77	$3.97	$3.65	$0.01	0%
Radiology	$99.61	$91.62	$87.13	$84.36	($15.25)	-15%
CAT Scans	$1.15	$2.42	$3.44	$3.57	$2.42	211%
Ultrasound	$3.51	$1.11	$0.96	$1.03	($2.47)	-71%
Special Tests	$57.08	$55.66	$59.62	$63.82	$6.74	12%
Echocardiograph	$4.16	$3.86	$3.47	$5.28	$1.12	27%
Doppler	$2.67	$6.58	$7.43	$7.85	$5.18	194%
Selected Cardiac	$34.72	$30.60	$32.85	$36.33	$1.61	5%
Part B NEC	$68.13	$52.72	$66.66	$76.49	$8.35	12%
PRE-HOSP						
Total Part B	$24.05	$22.45	$42.30	$42.62	18.569	77%
Office Visits	$1.63	$1.58	$2.70	$3.73	2.095	129%
Home Visits	$0.08	$0.00	$0.00	$0.01	-0.065	-82%
SNF/NH Visits	$0.00	$0.00	$0.00	$0.00	0.000	ERR
ER Visits	$0.85	$0.85	$1.37	$1.64	0.791	93%
Consults	$0.40	$1.43	$2.63	$2.47	2.065	515%
Surgery	$13.85	$9.43	$18.81	$17.00	3.157	23%
Anesthesia	$0.00	$0.07	$1.73	$2.89	2.885	ERR
Lab	$2.02	$1.24	$1.49	$1.54	-0.474	-23%
Radiology	$2.46	$3.14	$3.70	$3.88	1.422	58%
CAT Scans	$0.00	$0.00	$0.00	$0.10	0.099	ERR
Ultrasound	$0.00	$0.00	$0.15	$0.10	0.099	ERR
Special Tests	$1.75	$2.43	$4.40	$5.21	3.460	197%
Echocardiograph	$0.00	$0.12	$0.42	$0.25	0.252	ERR
POST-HOSP						
Total Part B	$13.73	$20.51	$19.43	$18.61	4.872	35%
Office Visits	$3.04	$3.42	$3.76	$3.95	0.909	30%
Home Visits	$0.00	$0.08	$0.05	$0.07	0.071	ERR
SNF/NH Visits	$0.00	$0.12	$0.04	$0.03	0.028	ERR
ER Visits	$0.35	$0.78	$0.48	$0.50	0.155	45%
Consults	$1.13	$0.48	$0.30	$0.34	-0.789	-70%
Surgery	$1.41	$2.73	$0.99	$1.09	-0.317	-23%
Anesthesia	$1.88	$0.22	$0.85	$0.09	-1.781	-95%
Lab	$0.95	$1.37	$1.45	$1.67	0.712	75%
Radiology	$2.14	$2.94	$3.08	$3.94	1.800	84%
CAT Scans	$0.00	$0.00	$0.08	$0.04	0.036	ERR
Ultrasound	$0.00	$0.03	$0.06	$0.05	0.048	ERR
Special Tests	$2.08	$4.76	$4.71	$4.65	2.567	123%
Echocardiograph	$0.00	$0.39	$0.31	$0.43	0.429	ERR

CABG
NOS FOR
ALL CASES
DRG 107

	PERIOD 1 368 CASES	PERIOD 2 1757 CASES	PERIOD 3 2009 CASES	PERIOD 4 2170 CASES	PERIOD 4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Length of Stay	14.19	12.61	12.41	12.28	-1.909	-13%
Hospital Visits	5.86	6.05	5.35	5.03	-0.839	-14%
ICU Visits	0.83	0.83	1.33	1.99	1.157	139%
Consults	0.52	0.55	0.62	0.72	0.198	38%
Surgery	1.24	1.40	1.46	1.49	0.254	21%
Lab	6.69	0.42	0.39	0.42	-6.272	-94%
Surgical Pathology	0.15	0.20	0.17	0.14	-0.014	-9%
Radiology	6.13	6.04	5.90	5.85	-0.279	-5%
CAT Scans	0.02	0.03	0.05	0.05	0.033	206%
Ultrasound	0.07	0.03	0.02	0.02	-0.042	-65%
Special Tests	4.04	3.64	4.07	4.25	0.207	5%
Echocardiograph	0.07	0.05	0.05	0.07	0.002	3%
Doppler	0.05	0.11	0.13	0.13	0.080	163%
Selected Cardiac	3.13	3.03	3.56	3.82	0.699	22%
PRE-HOSP						
Office Visits	0.08	0.07	0.12	0.15	0.066	84%
Home Visits	0.003	0	0	0	-0.003	-100%
SNF/NH Visits	0	0	0	0	0.000	ERR
ER Visits	0.02	0.03	0.04	0.04	0.019	79%
Consults	0.01	0.02	0.05	0.05	0.039	488%
Surgery	0.01	0.02	0.04	0.04	0.031	388%
Anesthesia	0	0.001	0.006	0.01	0.006	ERR
Lab	0.17	0.13	0.20	0.20	0.034	20%
Radiology	0.05	0.06	0.09	0.09	0.034	63%
CAT Scans	0	0	0	0.001	0.001	ERR
Ultrasound	0	0	0.002	0.001	0.001	ERR
Special Tests	0.10	0.08	0.22	0.21	0.111	108%
Echocardiograph	0	0.001	0.01	0.004	0.004	ERR
POST-HOSP						
Office Visits	0.16	0.17	0.18	0.18	0.024	15%
Home Visits	0	0.003	0.002	0.002	0.002	ERR
SNF/NH Visits	0	0.004	0.001	0	0.000	ERR
ER Visits	0.01	0.03	0.02	0.02	0.001	7%
Consults	0.02	0.01	0.004	0.01	-0.013	-68%
Surgery	0.003	0.02	0.01	0.01	0.009	300%
Anesthesia	0.003	0.002	0.002	0	-0.003	-100%
Lab	0.12	0.16	0.19	0.21	0.088	72%
Radiology	0.07	0.10	0.10	0.12	0.044	62%
CAT Scans	0	0	0.001	0	0.000	ERR
Ultrasound	0	0.001	0.001	0.001	0.001	ERR
Special Tests	0.08	0.15	0.13	0.14	0.056	71%
Echocardiograph	0	0.003	0.003	0.004	0.004	ERR

ATHEROSCLEROSIS
EXP POR
ALL CASES
DRG 133

	PERIOD 1 567 CASES	PERIOD 2 497 CASES	PERIOD 3 254 CASES	PERIOD 4 177 CASES	PERIOD 4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Total Part B	$309.40	$294.13	$244.90	$279.33	($30.07)	-10%
Hospital Visits	$152.42	$133.36	$116.93	$134.85	($17.56)	-12%
ICU Visits	$12.77	$9.95	$7.61	$14.43	$1.66	13%
Consults	$18.57	$19.14	$19.83	$22.77	$4.21	23%
Surgery	$10.35	$27.04	$18.83	$4.33	($6.02)	-58%
Lab	$11.86	$1.33	$0.04	$1.16	($10.70)	-90%
Radiology	$50.19	$48.71	$48.72	$49.03	($1.16)	-2%
CAT Scans	$5.58	$4.71	$6.23	$4.87	($0.71)	-13%
MRI	$0.00	$0.00	$0.00	$2.03	$2.03	ERR
Ultrasound	$3.68	$2.58	$3.94	$3.67	($0.00)	-0%
Special Tests	$32.56	$33.97	$26.14	$50.45	$17.89	55%
Echocardiograph	$6.70	$5.80	$3.38	$7.76	$1.06	16%
Doppler	$0.29	$1.09	$2.31	$0.29	$0.02	2%
Selected Cardiac	$19.30	$21.28	$18.37	$25.68	$6.38	33%
Part B NEC	$19.90	$17.50	$3.58	$2.30	($17.60)	-88%
PRE-HOSP						
Total Part B	$27.35	$29.49	$44.36	$40.00	$12.65	46%
Office Visits	$5.72	$6.15	$4.73	$6.15	$0.43	8%
Home Visits	$0.00	$0.00	$0.00	$0.00	$0.00	ERR
SNF/NH Visits	$0.03	$0.00	$0.06	$0.00	($0.03)	-100%
ER Visits	$4.96	$7.56	$9.52	$10.45	$5.59	115%
Consults	$0.45	$0.45	$1.45	$0.34	($0.15)	-30%
Surgery	$0.61	$2.34	$10.13	$4.82	$4.21	690%
Lab	$2.72	$1.95	$1.48	$2.73	$0.01	0%
Radiology	$2.53	$3.26	$3.70	$3.68	$1.15	45%
CAT Scans	$0.14	$0.00	$0.74	$0.48	$0.34	239%
Ultrasound	$0.22	$0.00	$0.28	$0.89	$0.67	313%
Special Tests	$4.01	$5.69	$6.82	$7.75	$3.74	93%
Echocardiograph	$0.00	$0.26	$0.00	$0.00	$0.00	ERR
POST-HOSP						
Total Part B	$14.51	$19.01	$43.29	$23.91	$9.40	65%
Office Visits	$2.31	$4.14	$6.03	$4.17	$1.86	81%
Home Visits	$0.14	$0.00	$0.00	$0.00	($0.14)	-100%
SNF/NH Visits	$0.08	$0.09	$0.07	$0.00	($0.08)	-100%
ER Visits	$0.36	$0.77	$0.66	$0.21	($0.15)	-42%
Consults	$0.56	$0.77	$0.92	$0.51	($0.06)	-10%
Surgery	$0.59	$1.45	$14.11	$4.86	$4.28	731%
Lab	$1.11	$0.95	$1.11	$0.78	($0.33)	-30%
Radiology	$1.97	$1.93	$5.90	$7.80	$5.84	297%
CAT Scans	$0.00	$0.33	$2.06	$0.00	$0.00	ERR
Ultrasound	$0.00	$0.10	$0.10	$0.00	$0.00	ERR
Special Tests	$2.25	$5.10	$8.94	$3.95	$1.70	75%
Echocardiograph	$0.00	$0.63	$0.78	$0.00	$0.00	ERR

ATHEROSCLEROSIS
NOS FOR
ALL CASES
DRG 133

	PERIOD 1 567 CASES	PERIOD 2 497 CASES	PERIOD 3 254 CASES	PERIOD 4 177 CASES	PERIOD 4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Length of Stay	7.92	6.05	5.11	5.54	-2.380	-30%
Hospital Visits	6.77	5.35	4.50	4.94	-1.830	-27%
ICU Visits	0.33	0.26	0.20	0.33	0.000	0%
Consults	0.28	0.28	0.32	0.38	0.099	35%
Surgery	0.07	0.09	0.05	0.04	-0.034	-46%
Lab	1.47	0.05	0.01	0.08	-1.394	-95%
Radiology	1.85	1.82	1.66	1.58	-0.266	-14%
CAT Scans	0.07	0.05	0.07	0.06	-0.018	-24%
MRI	0	0	0	0.02	0.017	ERR
Ultrasound	0.09	0.07	0.11	0.10	0.010	12%
Special Tests	1.94	1.82	1.79	2.13	0.190	10%
Echocardiograph	0.11	0.10	0.06	0.12	0.013	12%
Doppler	0.02	0.03	0.04	0.02	0.001	6%
Selected Cardiac	1.59	1.58	1.62	1.89	0.304	19%
PRE-HOSP						
Office Visits	0.32	0.32	0.25	0.28	-0.037	-12%
Home Visits	0	0	0	0	0.000	ERR
SNF/NH Visits	0.002	0	0.004	0	-0.002	-100%
ER Visits	0.16	0.25	0.31	0.29	0.134	84%
Consults	0.01	0.01	0.02	0.01	-0.003	-33%
Surgery	0.01	0.02	0.04	0.05	0.033	275%
Lab	0.20	0.21	0.23	0.27	0.063	31%
Radiology	0.10	0.15	0.17	0.12	0.015	14%
CAT Scans	0.002	0	0.01	0.01	0.004	200%
Ultrasound	0.004	0	0.01	0.01	0.007	175%
Special Tests	0.19	0.22	0.29	0.34	0.154	83%
Echocardiograph	0	0.004	0	0	0.000	ERR
POST-HOSP						
Office Visits	0.14	0.23	0.30	0.22	0.084	62%
Home Visits	0.004	0	0	0	-0.004	-100%
SNF/NH Visits	0.01	0.004	0.004	0	-0.005	-100%
ER Visits	0.02	0.04	0.02	0.01	-0.005	-31%
Consults	0.01	0.02	0.02	0.01	0.004	57%
Surgery	0.01	0.01	0.02	0.02	0.005	42%
Lab	0.12	0.10	0.15	0.10	-0.020	-16%
Radiology	0.04	0.06	0.09	0.05	0.008	22%
CAT Scans	0	0.004	0.02	0	0.000	ERR
Ultrasound	0	0.002	0.004	0	0.000	ERR
Special Tests	0.06	0.12	0.16	0.08	0.017	27%
Echocardiograph	0	0.01	0.01	0	0.000	ERR

LUNG CANCER
ALL CASES
DRG 82

	PERIOD 1 TOTAL CASES:1284		PERIOD 2 TOTAL CASES:5612		PERIOD 3 TOTAL CASES:5716		PERIOD 4 TOTAL CASES:4789		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		10.22		9.69		9.13		9.23		-0.983		-10%
Total Part B	$469.17		$528.10		$585.30		$625.40		$156.23		33%	
Hospital Visits	$197.93	8.48	$211.29	8.42	$221.09	8.48	$234.51	8.72	$36.57	0.238	18%	3%
ICU Visits	$2.57	0.07	$2.89	0.07	$3.42	0.11	$4.41	0.13	$1.84	0.063	72%	94%
Consults	$33.11	0.50	$41.35	0.62	$50.70	0.74	$56.72	0.83	$23.62	0.326	71%	65%
Surgery	$74.21	0.41	$105.25	0.52	$121.44	0.62	$118.33	0.56	$44.12	0.147	59%	36%
Anesthesia	$7.47		$8.97		$10.62		$10.03		$2.56		34%	
Lab	$12.72	1.25	$18.43	0.84	$26.37	1.17	$34.05	1.32	$21.32	0.068	168%	5%
Surgical Pathology	$3.34	0.11	$8.10	0.30	$12.12	0.44	$17.31	0.53	$13.97	0.424	418%	396%
Radiology	$119.07	3.75	$126.74	3.98	$134.53	4.17	$148.31	4.15	$29.25	0.402	25%	11%
CAT Scans	$24.95	0.26	$32.66	0.36	$39.92	0.44	$47.77	0.53	$22.82	0.273	91%	106%
MRI	$0.00	0	$0.00	0	$0.00	0	$0.97	0.01	$0.97	0.006	ERR	ERR
Radiation Therapy	$31.53		$26.78		$24.59		$29.27		($2.26)		-7%	
Special Tests	$8.86	0.55	$9.19	0.58	$12.19	0.83	$13.22	0.88	$4.36	0.323	49%	58%
Echocardiograph	$1.46	0.03	$1.50	0.03	$2.51	0.04	$3.35	0.05	$1.89	0.025	130%	96%
Ultrasound	$3.13	0.06	$3.03	0.07	$3.41	0.07	$4.08	0.08	$0.94	0.025	30%	42%
Selected Cardiac	$4.50	0.40	$3.98	0.40	$5.08	0.59	$5.65	0.65	$1.15	0.243	25%	60%
Part B HBC	$12.63		$4.16		$4.93		$5.48		($7.16)		-57%	
PRE-HOSP												
Total Part B	$43.73		$43.35		$58.62		$68.52		$24.79		57%	
Office Visits	$6.51	0.31	$7.39	0.33	$9.07	0.39	$9.46	0.41	$2.95	0.097	45%	31%
Home Visits	$0.32	0.01	$0.38	0.02	$0.59	0.02	$0.51	0.02	$0.19	0.005	59%	38%
SNF/NH Visits	$0.20	0.01	$0.08	0.004	$0.21	0.01	$0.11	0.01	($0.09)	-0.003	-46%	-33%
ER Visits	$2.50	0.08	$3.62	0.12	$5.12	0.15	$7.48	0.20	$4.98	0.117	199%	141%
Consults	$1.53	0.03	$2.33	0.03	$2.53	0.04	$3.09	0.04	$1.57	0.018	103%	72%
Surgery	$1.71	0.02	$2.73	0.03	$5.84	0.05	$7.14	0.07	$5.43	0.051	317%	268%
Lab	$5.72	0.52	$5.18	0.46	$6.04	0.57	$6.99	0.58	$1.27	0.056	22%	11%
Radiology	$18.13	0.49	$17.68	0.47	$22.28	0.60	$25.30	0.66	$7.17	0.166	40%	34%
CAT Scans	$2.86	0.02	$3.96	0.03	$5.92	0.04	$6.27	0.05	$3.41	0.032	119%	200%
Radiation Therapy	$5.47		$3.63		$3.69		$4.97		($0.50)		-9%	
Ultrasound	$0.19	0.003	$0.43	0.004	$0.40	0.01	$0.74	0.01	$0.55	0.007	296%	233%
Special Tests	$1.39	0.06	$1.95	0.08	$2.79	0.13	$3.54	0.15	$2.15	0.093	155%	166%
Echocardiograph	$0.00	0	$0.11	0.001	$0.19	0.002	$0.23	0.002	$0.23	0.002	ERR	ERR
POST-HOSP												
Total Part B	$39.92		$50.31		$55.42		$51.98		$12.06		30%	
Office Visits	$2.27	0.11	$3.18	0.15	$3.40	0.15	$2.97	0.13	$0.70	0.016	31%	14%
Home Visits	$0.18	0.01	$0.24	0.01	$0.28	0.01	$0.27	0.01	$0.09	-0.002	47%	-18%
SNF/NH Visits	$0.38	0.02	$0.64	0.02	$1.10	0.04	$0.74	0.03	$0.36	0.01	97%	50%
ER Visits	$0.27	0.01	$0.52	0.02	$0.43	0.02	$0.60	0.02	$0.33	0.006	120%	46%
Consults	$1.87	0.03	$2.60	0.04	$2.94	0.05	$2.58	0.04	$0.71	0.006	38%	19%
Surgery	$0.39	0.01	$1.05	0.01	$3.18	0.02	$1.58	0.02	$1.19	0.014	310%	280%
Lab	$1.99	0.18	$2.29	0.20	$2.74	0.23	$2.64	0.22	$0.65	0.034	33%	19%
Radiology	$25.21	0.76	$34.18	0.87	$36.37	0.96	$36.72	0.88	$11.51	0.121	46%	16%
CAT Scans	$1.31	0.01	$2.46	0.02	$2.46	0.02	$1.80	0.02	$0.49	0.004	38%	33%
Radiation Therapy	$18.60		$23.68		$25.38		$25.74		$7.14		38%	
Ultrasound	$0.00	0	$0.11	0.001	$0.14	0.002	$0.05	0.001	$0.05	0.001	ERR	ERR
Special Tests	$0.40	0.01	$0.55	0.02	$0.81	0.03	$0.60	0.03	$0.20	0.013	50%	108%
Echocardiograph	$0.10	0.002	$0.02	0	$0.06	0.001	$0.08	0.001	($0.01)	-0.001	-14%	-50%

LUNG CANCER
ALL CASES
DRG 410

	PERIOD 1 TOTAL CASES:64		PERIOD 2 TOTAL CASES:1015		PERIOD 3 TOTAL CASES:1657		PERIOD 4 TOTAL CASES:1823		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		3.23		3.23		3.14		3.46		0.226		7%
Total Part B	$108.79		$107.33		$124.11		$150.23		$41.44		38%	
Hospital Visits	$81.38	2.45	$76.73	2.14	$91.58	2.59	$107.96	2.98	$26.58	0.529	33%	22%
ICU Visits	$0.00	0	$0.14	0.002	$0.31	0.01	$0.77	0.02	$0.77	0.019	ERR	ERR
Consults	$3.44	0.05	$4.63	0.10	$3.64	0.06	$5.77	0.08	$2.33	0.035	68%	70
Surgery	$4.38	0.02	$5.13	0.04	$4.36	0.03	$7.11	0.04	$2.74	0.027	63%	169%
Selected Cardiac	$2.33	0.20	$1.47	0.15	$1.67	0.20	$2.25	0.26	($0.09)	0.058	-4%	29%
Lab	$2.68	0.05	$0.96	0.06	$0.92	0.04	$1.27	0.04	($1.42)	-0.008	-53%	-17%
Radiology	$12.16	0.48	$16.60	0.65	$19.41	0.67	$21.90	0.75	$9.74	0.264	80%	55%
CAT Scans	$5.48	0.06	$3.16	0.03	$5.46	0.06	$6.32	0.07	$0.85	0.007	15%	11%
MRI	$0.00	0	$0.00	0	$0.00	0	$0.13	0.001	$0.13	0.001	ERR	ERR
Radiation Therapy	$0.00		$1.82		$1.97		$3.32		$3.32		ERR	
Special Tests	$2.33	0.20	$2.08	0.17	$2.79	0.24	$3.90	0.31	$1.57	0.11	67%	54%
Part B NEC	$2.42		$0.46		$0.20		$0.59		($1.83)		-76%	
PRE-HOSP												
Total Part B	$42.25		$52.52		$55.20		$64.84		$22.59		53%	
Office Visits	$11.62	0.47	$9.04	0.32	$10.74	0.44	$13.70	0.53	$2.08	0.063	18%	13%
Home Visits	$0.00	0	$0.00	0	$0.04	0.001	$0.01	0.001	$0.01	0.001	ERR	ERR
SNF/NH Visits	$0.00	0	$0.02	0.001	$0.04	0.002	$0.05	0.002	$0.05	0.002	ERR	ERR
ER Visits	$0.00	0	$1.02	0.04	$0.55	0.02	$0.61	0.03	$0.61	0.026	ERR	ERR
Consults	$2.35	0.03	$2.35	0.03	$2.31	0.03	$2.91	0.04	$0.56	0.007	24%	23%
Surgery	$1.31	0.05	$2.04	0.02	$2.41	0.02	$3.64	0.08	$2.34	0.03	179%	64%
Lab	$9.69	0.97	$13.69	1.27	$12.78	1.38	$14.39	1.47	$4.70	0.503	49%	52%
Radiology	$15.59	0.48	$21.96	0.47	$22.45	0.49	$25.70	0.57	$10.11	0.083	65%	17%
CAT Scans	$0.00	0	$6.02	0.04	$6.64	0.04	$6.15	0.05	$6.15	0.048	ERR	ERR
Radiation Therapy	$6.40		$3.77		$3.63		$6.17		($0.22)		-3%	
Special Tests	$1.71	0.05	$1.29	0.04	$0.81	0.04	$1.18	0.05	($0.53)	0.006	-31%	13%
POST-HOSP												
Total Part B	$17.43		$21.49		$20.17		$21.14		$3.72		21%	
Office Visits	$2.17	0.09	$2.72	0.13	$3.25	0.16	$3.71	0.17	$1.54	0.078	71%	83%
Home Visits	$0.00	0	$0.03	0.001	$0.03	0.001	$0.06	0.002	$0.06	0.002	ERR	ERR
SNF/NH Visits	$0.00	0	$0.15	0.01	$0.06	0.003	$0.05	0.002	$0.05	0.002	ERR	ERR
ER Visits	$0.00	0	$0.45	0.02	$0.31	0.01	$0.54	0.02	$0.54	0.019	ERR	ERR
Consults	$0.00	0	$0.19	0.004	$0.56	0.01	$0.75	0.01	$0.75	0.009	ERR	ERR
Surgery	$0.50	0.03	$0.18	0.01	$0.35	0.01	$0.33	0.03	($0.17)	-0.004	-34%	-13%
Lab	$2.57	0.25	$3.78	0.40	$2.49	0.32	$2.77	0.34	$0.19	0.092	8%	37%
Radiology	$10.11	0.23	$11.67	0.27	$10.39	0.21	$10.81	0.23	$0.70	-0.007	7%	-3%
CAT Scans	$0.00	0	$1.58	0.01	$0.85	0.01	$1.01	0.01	$1.01	0.008	ERR	ERR
Radiation Therapy	$5.37		$7.00		$7.59		$7.49		$2.12		40%	
Special Tests	$0.47	0.02	$0.62	0.03	$0.70	0.03	$0.68	0.03	$0.21	0.017	45%	100%

JOINTS
ALL CASES
DRG 209

	PERIOD 1 TOTAL CASES:1216		PERIOD 2 TOTAL CASES:8713		PERIOD 3 TOTAL CASES:11233		PERIOD 4 TOTAL CASES:12686		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT										
Length of Stay		17.94		15.67		14.38		13.84		-23%
Total Part B	$2,242.80		$2,409.98		$2,338.18		$2,426.60		8%	
Hospital Visits	$134.73	6.39	$140.71	6.01	$129.21	5.33	$121.81	4.80	-10%	-25%
ICU Visits	$2.84	0.07	$3.87	0.10	$4.16	0.13	$4.52	0.14	59%	104%
Consults	$37.58	0.68	$38.06	0.62	$37.22	0.63	$38.78	0.67	3%	-2%
Surgery	$1,586.05	1.05	$1,709.01	1.10	$1,664.09	1.08	$1,746.74	1.08	10%	3%
Selected Cardiac	$7.38	0.76	$7.04	0.71	$7.04	0.78	$7.68	0.85	4%	11%
Assistant Surgery	$173.91	2.34	$190.59	0.81	$183.33	0.87	$186.92	0.93	7%	-60%
Anesthesia	$269.47		$285.83		$285.16		$288.08		7%	
Lab	$14.66		$15.53		$18.03		$19.72		34%	
Surgical Pathology	$4.72	0.24	$14.84	0.74	$17.52	0.82	$19.05	0.88	304%	273%
Radiology	$48.75	3.00	$47.05	3.05	$45.68	2.99	$46.35	2.93	-5%	-2%
CAT Scans	$2.43	0.02	$2.37	0.03	$2.50	0.03	$2.64	0.03	9%	33%
MRI	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.03	0.00	0%	
Special Tests	$12.82	1.05	$9.94	0.81	$10.13	0.87	$11.46	0.95	-11%	-10%
Part B NEC	$11.82		$5.31		$6.00		$3.99		-66%	
PRE-HOSP										
Total Part B	$30.71		$32.36		$41.31		$53.29		74%	
Office Visits	$4.59	0.20	$5.04	0.20	$6.56	0.24	$7.61	0.27	66%	36%
Home Visits	$0.07	0.003	$0.13	0.01	$0.12	0.01	$0.13	0.004	86%	33%
SNF/NH Visits	$0.32	0.02	$0.25	0.01	$0.32	0.02	$0.25	0.01	-23%	-28%
ER Visits	$2.84	0.09	$4.84	0.15	$5.17	0.15	$5.43	0.15	91%	65%
Consults	$1.05	0.02	$1.18	0.02	$1.74	0.03	$2.40	0.04	129%	105%
Surgery	$4.25	0.02	$3.32	0.02	$5.22	0.02	$9.57	0.04	125%	106%
Lab	$3.41	0.30	$3.52	0.32	$4.62	0.46	$5.55	0.56	63%	88%
Radiology	$7.81	0.31	$8.67	0.38	$10.29	0.45	$12.42	0.54	59%	75%
CAT Scans	$0.23	0.001	$0.05	0.001	$0.21	0.002	$0.35	0.002	54%	100%
Special Tests	$2.18	0.10	$3.08	0.15	$4.06	0.21	$5.34	0.25	145%	153%
POST-HOSP										
Total Part B	$11.72		$13.47		$15.41		$17.30		48%	
Office Visits	$0.75	0.05	$0.87	0.05	$0.85	0.05	$0.92	0.05	23%	4%
Home Visits	$0.26	0.01	$0.16	0.01	$0.21	0.01	$0.15	0.01	-44%	-38%
SNF/NH Visits	$1.30	0.05	$1.86	0.07	$2.03	0.08	$1.58	0.07	22%	29%
ER Visits	$0.14	0.01	$0.24	0.01	$0.27	0.01	$0.29	0.01	107%	100%
Consults	$0.62	0.01	$0.42	0.01	$0.57	0.01	$1.07	0.02	74%	200%
Surgery	$1.15	0.01	$1.62	0.01	$1.27	0.01	$0.81	0.02	-30%	114%
Lab	$0.41	0.05	$1.09	0.12	$1.14	0.14	$1.26	0.15	205%	196%
Radiology	$1.31	0.05	$3.43	0.12	$3.41	0.12	$3.37	0.12	157%	137%
CAT Scans	$0.00	0.00	$0.06	0.00	$0.05	0.001	$0.06	0.001	ERR	ERR
Special Tests	$0.58	0.03	$0.46	0.03	$0.49	0.03	$0.54	0.03	-8%	6%

PACEMAKER/ARRHYTHMIA
ALL CASES
DRG 115

	PERIOD 1 TOTAL CASES: 51		PERIOD 2 TOTAL CASES: 257		PERIOD 3 TOTAL CASES: 238		PERIOD 4 TOTAL CASES: 214		PERIOD 4 - PERIOD 1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS		
INPATIENT												
Length of Stay		16.92		16.40		14.42		14.63		-2.291		-16%
Total Part B	$1,543.76		$1,830.25		$1,804.13		$1,767.86		224.097		13%	
Hospital Visits	$254.25	10.73	$336.39	13.74	$313.40	12.37	$308.69	11.31	54.443	0.583	18%	5%
ICU Visits	$146.55	4.65	$123.14	3.13	$138.20	4.43	$111.11	4.01	-35.433	-0.633	-32%	-16%
Consults	$53.42	0.73	$71.25	1.06	$67.66	0.98	$61.79	0.86	8.373	0.135	14%	16%
Surgery	$827.02	1.57	$1,028.25	1.78	$994.00	1.72	$985.65	1.58	158.629	0.015	16%	1%
Catheterizations	$53.19		$72.52		$83.55		$90.22		37.031		41%	
Assistant Surgery	$11.56		$4.53		$10.02		$8.52		-3.039		-36%	
Anesthesia	$160.49		$182.29		$184.70		$196.55		36.063		18%	
Lab	$13.78	1.78	$2.74	0.34	$1.10	0.09	$2.21	0.16	-11.571	-1.62	-524%	-988%
Radiology	$76.06	4.51	$75.25	4.67	$85.67	5.03	$77.88	4.67	1.821	0.158	2%	3%
CAT Scans	$1.51	0.02	$5.95	0.07	$4.54	0.06	$5.00	0.06	3.493	0.041	70%	67%
Ultrasound	$1.24	0.02	$1.66	0.03	$2.22	0.05	$3.09	0.08	1.859	0.055	60%	73%
Special Tests	$54.17	3.69	$59.36	3.66	$72.23	4.73	$89.92	5.18	35.747	1.492	40%	29%
Echocardiograph	$14.80	0.20	$18.06	0.29	$19.28	0.32	$21.68	0.36	6.879	0.164	32%	46%
Selected Cardiac	$31.73	3.28	$32.29	3.14	$42.20	4.27	$44.31	4.61	12.583	1.332	28%	29%
Part B NEC	$25.00		$23.30		$13.87		$20.48		-4.518		-22%	
PRE-HOSP												
Total Part B	$31.34		$27.53		$42.61		$46.30		14.956		32%	
Office Visits	$4.41	0.24	$3.77	0.20	$5.54	0.25	$5.29	0.23	0.877	-0.006	17%	-3%
Home Visits	$0.00	0.00	$0.45	0.02	$0.00	0.00	$0.55	0.02	0.551	0.019	100%	100%
SNF/NH Visits	$0.00	0.00	$0.28	0.01	$0.00	0.00	$0.07	0.01	0.067	0.005	100%	100%
ER Visits	$9.24	0.28	$9.97	0.30	$11.55	0.34	$14.02	0.38	4.781	0.108	34%	28%
Consults	$0.98	0.02	$0.14	0.004	$0.59	0.01	$0.74	0.01	-0.245	-0.011	-33%	-122%
Surgery	$0.00	0.00	$1.21	0.04	$1.78	0.04	$2.76	0.02	2.764	0.023	100%	100%
Anesthesia	$0.00	0.00	$0.18	0.004	$0.00	0.00	$0.00	0.00	0	0	0%	0%
Lab	$3.35	0.28	$2.08	0.21	$1.70	0.23	$1.49	0.18	-1.865	-0.093	-125%	-51%
Radiology	$2.02	0.12	$2.16	0.13	$3.83	0.23	$5.19	0.22	3.169	0.106	61%	47%
CAT Scans	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	0	0	0%	0%
Ultrasound	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.66	0.01	0.664	0.009	100%	100%
Special Tests	$5.95	0.35	$4.05	0.18	$5.92	0.27	$7.53	0.34	1.582	-0.017	21%	-5%
Echocardiograph	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	0	0	0%	0%
POST-HOSP												
Total Part B	$15.47		$23.86		$25.91		$25.15		9.672		38%	
Office Visits	$5.40	0.29	$4.35	0.22	$4.84	0.25	$5.11	0.23	-0.297	-0.065	-6%	-28%
Home Visits	$0.00	0.00	$0.12	0.004	$0.29	0.01	$0.00	0.00	0	0	ERR	ERR
SNF/NH Visits	$1.10	0.06	$1.56	0.05	$0.77	0.03	$1.22	0.04	0.118	-0.022	10%	-59%
ER Visits	$0.00	0.00	$0.64	0.02	$0.51	0.02	$0.22	0.01	0.224	0.005	100%	100%
Consults	$0.00	0.00	$0.00	0.00	$0.13	0.004	$0.43	0.01	0.43	0.005	100%	100%
Surgery	$0.00	0.00	$0.54	0.02	$1.58	0.01	$0.85	0.02	0.85	0.023	100%	100%
Anesthesia	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	0	0	0%	0%
Lab	$2.77	0.26	$2.58	0.30	$1.49	0.22	$2.04	0.25	-0.732	-0.003	-36%	-1%
Radiology	$0.00	0.00	$1.50	0.05	$2.07	0.09	$4.48	0.11	4.476	0.107	100%	100%
CAT Scans	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	0	0	0%	0%
Ultrasound	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	0	0	0%	0%
Special Tests	$4.10	0.24	$5.41	0.16	$10.11	0.24	$6.63	0.23	2.531	-0.001	38%	-0%
Echocardiograph	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	0	0	0%	0%

PACEMAKER/ARRHYTHMIA
ALL CASES
DRG 116

	PERIOD 1 TOTAL CASES: 571		PERIOD 2 TOTAL CASES: 2622		PERIOD 3 TOTAL CASES: 2960		PERIOD 4 TOTAL CASES: 2852		PERIOD4 - PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS		
INPATIENT												
Length of Stay		11.09		9.69		8.88		8.66		-2.428		-28%
Total Part B	$1,481.99		$1,555.81		$1,551.00		$1,545.22		$63.22		4%	
Hospital Visits	$215.53	9.14	$217.22	8.55	$204.93	7.58	$209.68	7.35	($5.86)	-1.789	-3%	-24%
ICU Visits	$40.81	1.03	$32.73	0.86	$35.91	1.17	$38.34	1.22	($2.46)	0.185	-6%	15%
Consults	$58.26	0.86	$61.69	0.87	$54.58	0.76	$53.74	0.76	($4.53)	-0.093	-8%	-12%
Surgery	$917.86	1.36	$999.36	1.43	$1,013.70	1.46	$1,002.89	1.39	$85.03	0.027	8%	2%
Catheterizations	$19.76		$18.47		$26.76		$29.18		$9.41		32%	
Assistant Surgery	$11.91		$9.19		$6.15		$5.68		($6.23)		-110%	
Anesthesia	$149.27		$185.03		$189.09		$196.57		$47.30		24%	
Lab	$9.28	1.68	$1.47	0.10	$1.78	0.11	$2.20	0.12	($7.08)	-1.559	-322%	-1332%
Radiology	$51.87	2.71	$56.00	2.87	$50.88	2.84	$52.88	2.80	$1.01	0.096	2%	3%
CAT Scans	$6.58	0.09	$7.08	0.08	$6.58	0.08	$8.71	0.10	$2.13	0.009	24%	9%
MRI	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.13	0.001	$0.13	0.001	100%	100%
Ultrasound	$2.13	0.04	$2.57	0.06	$2.19	0.06	$2.48	0.06	$0.35	0.023	14%	37%
Special Tests	$43.20	2.19	$46.07	2.37	$53.00	2.82	$58.88	2.94	$15.69	0.756	27%	26%
Echocardiograph	$9.41	0.16	$12.62	0.21	$13.99	0.24	$16.31	0.27	$6.91	0.114	42%	42%
Selected Cardiac	$28.05	1.88	$24.46	1.98	$25.57	2.38	$25.56	2.46	($2.48)	0.584	-10%	24%
Part B NEC	$28.13		$10.33		$16.13		$15.18		($12.96)		-85%	
PRE-HOSP												
Total Part B	$42.24		$44.43		$56.08		$66.56		$24.32		37%	
Office Visits	$7.58	0.39	$7.97	0.37	$9.07	0.39	$9.61	0.40	$2.02	0.013	21%	3%
Home Visits	$0.37	0.01	$0.22	0.01	$0.30	0.01	$0.22	0.01	($0.15)	-0.006	-70%	-75%
SNF/NH Visits	$0.14	0.01	$0.26	0.01	$0.35	0.02	$0.20	0.01	$0.06	0.003	32%	30%
ER Visits	$4.36	0.13	$6.12	0.18	$6.85	0.20	$7.75	0.21	$3.39	0.074	44%	36%
Consults	$1.56	0.03	$1.47	0.02	$3.20	0.05	$3.38	0.05	$1.82	0.02	54%	44%
Surgery	$1.05	0.01	$3.97	0.02	$3.09	0.04	$5.87	0.07	$4.82	0.054	82%	82%
Anesthesia	$0.38	0.002	$0.29	0.003	$0.33	0.002	$0.98	0.01	$0.60	0.004	61%	67%
Lab	$3.18	0.33	$2.76	0.27	$2.89	0.35	$3.99	0.45	$0.82	0.119	20%	26%
Radiology	$3.93	0.18	$3.91	0.15	$5.05	0.20	$6.88	0.25	$2.95	0.065	43%	26%
CAT Scans	$0.27	0.004	$0.37	0.002	$0.53	0.01	$1.13	0.01	$0.87	0.005	76%	56%
Ultrasound	$0.13	0.002	$0.25	0.003	$0.16	0.003	$0.16	0.002	$0.04	0	22%	0%
Special Tests	$14.57	0.36	$14.56	0.36	$18.90	0.47	$21.62	0.55	$7.05	0.195	33%	35%
Echocardiograph	$0.85	0.01	$0.54	0.01	$1.43	0.02	$2.58	0.03	$1.73	0.014	67%	56%
POST-HOSP												
Total Part B	$17.93		$30.79		$27.00		$24.62		$6.69		27%	
Office Visits	$4.20	0.24	$5.95	0.30	$6.41	0.31	$6.16	0.30	$1.96	0.062	32%	21%
Home Visits	$0.23	0.01	$0.22	0.01	$0.21	0.01	$0.16	0.01	($0.07)	-0.001	-43%	-17%
SNF/NH Visits	$0.63	0.03	$0.97	0.03	$0.98	0.03	$0.57	0.02	($0.06)	-0.005	-10%	-24%
ER Visits	$0.32	0.01	$0.63	0.02	$0.50	0.02	$0.68	0.02	$0.36	0.011	52%	48%
Consults	$0.16	0.004	$0.57	0.01	$0.30	0.004	$0.34	0.01	$0.18	0.001	52%	20%
Surgery	$1.35	0.01	$2.05	0.02	$2.29	0.02	$1.77	0.04	$0.41	0.031	23%	82%
Anesthesia	$0.00	0.00	$0.23	0.002	$0.41	0.002	$0.14	0.00	$0.14	0.001	100%	100%
Lab	$1.73	0.17	$1.85	0.19	$1.61	0.20	$1.95	0.23	$0.22	0.061	11%	26%
Radiology	$1.66	0.05	$2.63	0.09	$2.11	0.08	$1.79	0.06	$0.13	0.015	7%	25%
CAT Scans	$0.00	0.00	$0.23	0.003	$0.14	0.001	$0.08	0.001	$0.08	0.001	100%	100%
Ultrasound	$0.00	0.00	$0.11	0.002	$0.07	0.002	$0.16	0.002	$0.16	0.002	100%	100%
Special Tests	$5.30	0.20	$8.80	0.32	$8.22	0.30	$8.68	0.28	$3.30	0.077	38%	28%
Echocardiograph	$0.00	0.00	$0.50	0.01	$0.57	0.01	$0.58	0.01	$0.58	0.006	100%	100%

PACEMAKER/ARRHYTHMIA
ALL CASES
DRG 117

	PERIOD 1 TOTAL CASES: 61		PERIOD 2 TOTAL CASES: 645		PERIOD 3 TOTAL CASES: 876		PERIOD 4 TOTAL CASES: 718		PERIOD 4 - PERIOD 1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS		
INPATIENT												
Length of Stay		9.61		8.92		8.94		8.19		-1.415		-17%
Total Part B	$975.59		$1,144.13		$1,222.75		$1,143.93		$168.35		15%	
Hospital Visits	$175.32	7.03	$197.44	7.16	$211.29	7.44	$182.63	6.45	$7.32	-0.587	4%	-9%
ICU Visits	$21.43	0.54	$42.49	1.04	$61.94	1.65	$47.63	1.25	$26.20	0.71	55%	57%
Consults	$45.30	0.72	$50.88	0.70	$54.96	0.77	$54.21	0.79	$8.92	0.071	16%	9%
Surgery	$526.66	1.41	$642.80	1.62	$644.69	1.67	$631.56	1.62	$104.90	0.211	17%	13%
Catheterizations	$7.99		$29.59		$42.34		$33.80		$25.81		76%	
Assistant Surgery	$2.96		$5.20		$4.41		$0.13		($2.83)		-2142%	
Anesthesia	$126.06		$181.58		$188.16		$199.16		$73.10		37%	
Lab	$13.49	2.44	$1.58	0.09	$2.71	0.16	$3.11	0.32	($10.38)	-2.125	-333%	-668%
Radiology	$49.73	2.74	$51.14	2.83	$54.77	3.16	$50.27	2.90	$0.54	0.16	1%	6%
CAT Scans	$6.13	0.05	$5.74	0.06	$6.96	0.08	$7.20	0.09	$1.07	0.037	15%	43%
Ultrasound	$3.08	0.05	$1.66	0.04	$1.93	0.04	$1.49	0.03	($1.58)	-0.018	-106%	-58%
Special Tests	$30.84	2.33	$43.03	2.52	$55.35	3.06	$50.96	2.97	$20.13	0.643	39%	22%
Echocardiograph	$7.04	0.08	$11.67	0.16	$12.28	0.17	$14.33	0.18	$7.30	0.096	51%	54%
Selected Cardiac	$22.21	2.15	$23.38	2.20	$28.50	2.70	$24.87	2.56	$2.67	0.408	11%	16%
Part B NEC	$31.19		$24.43		$52.58		$37.13		$5.94		16%	
PRE-HOSP												
Total Part B	$63.77		$44.03		$52.95		$68.12		$4.35		6%	
Office Visits	$9.87	0.39	$7.34	0.30	$8.46	0.36	$9.05	0.39	($0.82)	-0.002	-9%	-1%
Home Visits	$0.64	0.03	$0.19	0.01	$0.19	0.01	$0.16	0.01	($0.48)	-0.027	-307%	-450%
SNF/NH Visits	$0.00	0.00	$0.05	0.003	$0.25	0.02	$0.13	0.01	$0.13	0.007	100%	100%
ER Visits	$7.77	0.16	$8.04	0.22	$9.76	0.24	$14.02	0.28	$6.25	0.112	45%	41%
Consults	$0.00	0.00	$0.96	0.02	$1.31	0.02	$1.73	0.03	$1.73	0.026	100%	100%
Surgery	$0.39	0.02	$1.26	0.03	$3.43	0.05	$7.76	0.07	$7.37	0.058	95%	78%
Anesthesia	$0.00	0.00	$0.00	0.00	$0.18	0.001	$1.06	0.01	$1.06	0.007	100%	100%
Lab	$6.98	0.49	$3.13	0.26	$2.89	0.28	$4.28	0.43	($2.70)	-0.067	-63%	-16%
Radiology	$6.83	0.28	$4.66	0.18	$5.70	0.22	$6.40	0.26	($0.43)	-0.023	-7%	-9%
CAT Scans	$0.00	0.00	$0.23	0.002	$0.91	0.01	$0.14	0.00	$0.14	0.001	100%	100%
Ultrasound	$0.00	0.00	$0.15	0.003	$0.21	0.01	$0.34	0.00	$0.34	0.004	100%	100%
Special Tests	$20.46	0.44	$14.57	0.47	$14.96	0.50	$17.35	0.53	($3.11)	0.083	-18%	16%
Echocardiograph	$6.42	0.03	$0.45	0.01	$0.41	0.01	$0.78	0.01	($5.64)	-0.026	-722%	-371%
POST-HOSP												
Total Part B	$11.10		$24.05		$21.49		$21.31		$10.21		48%	
Office Visits	$3.48	0.20	$4.27	0.23	$4.94	0.26	$4.70	0.26	$1.23	0.065	26%	25%
Home Visits	$0.00	0.00	$0.04	0.002	$0.31	0.01	$0.22	0.01	$0.22	0.008	100%	100%
SNF/NH Visits	$0.00	0.00	$0.62	0.03	$0.74	0.03	$0.49	0.02	$0.49	0.024	100%	100%
ER Visits	$0.00	0.00	$0.29	0.01	$0.71	0.02	$0.48	0.01	$0.48	0.014	100%	100%
Consults	$1.60	0.02	$1.40	0.02	$0.34	0.01	$0.34	0.01	($1.26)	-0.01	-372%	-167%
Surgery	$0.00	0.00	$1.74	0.01	$1.80	0.02	$0.16	0.02	$0.16	0.022	100%	100%
Anesthesia	$0.00	0.00	$0.30	0.002	$0.00	0.001	$0.00	0.00	$0.00	0	ERR	ERR
Lab	$0.62	0.10	$1.19	0.12	$1.72	0.19	$2.12	0.20	$1.50	0.104	71%	51%
Radiology	$0.83	0.03	$2.87	0.10	$2.24	0.08	$2.58	0.08	$1.75	0.044	68%	57%
CAT Scans	$0.00	0.00	$0.29	0.003	$0.25	0.002	$0.10	0.001	$0.10	0.001	100%	100%
Ultrasound	$0.00	0.00	$0.21	0.01	$0.00	0.00	$0.04	0.001	$0.04	0.001	100%	100%
Special Tests	$2.15	0.08	$6.94	0.27	$5.88	0.23	$8.21	0.26	$6.07	0.181	74%	69%
Echocardiograph	$0.00	0.00	$0.30	0.01	$0.35	0.002	$0.00	0.00	$0.00	0	ERR	ERR

PACEMAKERS
ALL CASES
DRG 118

	PERIOD 1 TOTAL CASES: 87		PERIOD 2 TOTAL CASES: 579		PERIOD 3 TOTAL CASES: 720		PERIOD 4 TOTAL CASES: 634		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	MOS	EXP	MOS	EXP	MOS	EXP	MOS	EXP	MOS	EXP	MOS
INPATIENT												
Length of Stay		7.21		6.69		6.15		6.58		-0.625		-9%
Total Part B	$815.70		$910.09		$959.03		$983.52		$167.82		21%	
Hospital Visits	$105.21	4.03	$138.67	5.04	$124.81	4.29	$130.00	4.43	$24.79	0.397	24%	10%
ICU Visits	$30.49	0.84	$16.09	0.39	$26.90	0.65	$30.23	0.72	($0.26)	-0.124	-1%	-15%
Consults	$21.90	0.37	$30.66	0.43	$35.14	0.50	$34.44	0.51	$12.54	0.146	57%	40%
Surgery	$444.07	1.17	$549.68	1.28	$582.64	1.35	$599.19	1.34	$155.12	0.169	35%	14%
Catheterizations	$8.56		$17.69		$18.44		$24.80		$16.24		190%	
Assistant Surgery	$2.88		$4.16		$9.06		$4.28		$1.41		49%	
Anesthesia	$133.04		$158.94		$169.27		$172.65		$39.62		30%	
Lab	$19.95	3.24	$1.98	0.15	$2.07	0.15	$2.76	0.20	($17.19)	-3.041	-86%	-94%
Radiology	$40.34	2.22	$33.93	1.81	$33.57	1.89	$35.97	2.01	($4.37)	-0.212	-11%	-10%
CAT Scans	$1.93	0.02	$5.60	0.06	$3.04	0.04	$3.97	0.05	$2.04	0.023	106%	100%
Ultrasound	$2.49	0.07	$1.49	0.04	$1.37	0.03	$0.90	0.02	($1.60)	-0.05	-64%	-72%
Special Tests	$42.15	2.14	$21.52	1.50	$29.12	1.74	$29.34	1.86	($12.81)	-0.275	-30%	-13%
Echocardiograph	$10.29	0.08	$5.21	0.07	$6.82	0.09	$7.27	0.10	($3.02)	0.023	-29%	29%
Selected Cardiac	$15.62	1.49	$14.02	1.35	$15.35	1.53	$15.78	1.66	$0.16	0.17	1%	11%
Part B NEC	$19.98		$18.02		$17.00		$16.98		($3.00)		-15%	
PRE-HOSP												
Total Part B	$34.13		$38.51		$44.10		$48.04		$13.92		41%	
Office Visits	$5.99	0.26	$7.48	0.33	$7.36	0.34	$8.81	0.38	$2.82	0.119	47%	45%
Home Visits	$0.00	0.00	$0.00	0.00	$0.10	0.004	$0.35	0.01	$0.35	0.011	ERR	ERR
SNF/NH Visits	$0.59	0.03	$0.22	0.01	$0.33	0.01	$0.16	0.01	($0.42)	-0.026	-72%	-76%
ER Visits	$2.26	0.06	$5.45	0.12	$5.93	0.15	$6.70	0.16	$4.44	0.099	196%	174%
Consults	$2.10	0.03	$0.84	0.02	$1.61	0.02	$2.29	0.03	$0.19	-0.001	9%	-3%
Surgery	$0.14	0.01	$3.26	0.04	$4.62	0.02	$5.75	0.04	$5.62	0.032	4069%	291%
Anesthesia	$0.00	0.00	$0.11	0.002	$0.35	0.003	$0.63	0.01	$0.63	0.005	ERR	ERR
Lab	$4.38	0.41	$3.76	0.35	$2.60	0.26	$2.84	0.32	($1.53)	-0.094	-35%	-23%
Radiology	$3.68	0.14	$2.95	0.12	$3.75	0.15	$3.36	0.13	($0.32)	-0.006	-9%	-4%
CAT Scans	$0.95	0.01	$0.12	0.002	$0.14	0.001	$0.12	0.002	($0.83)	-0.009	-87%	-82%
Ultrasound	$0.00	0.00	$0.00	0.00	$0.33	0.004	$0.00	0.00	$0.00	0	ERR	ERR
Special Tests	$10.19	0.37	$11.92	0.42	$13.96	0.42	$13.80	0.47	$3.61	0.104	35%	28%
Echocardiograph	$0.00	0.00	$0.48	0.01	$0.47	0.01	$0.66	0.01	$0.66	0.005	ERR	ERR
POST-HOSP												
Total Part B	$16.78		$17.90		$16.61		$17.56		$0.79		5%	
Office Visits	$2.96	0.16	$3.48	0.18	$4.06	0.23	$3.73	0.19	$0.77	0.03	26%	19%
Home Visits	$0.00	0.00	$0.07	0.01	$0.07	0.003	$0.21	0.01	$0.21	0.008	ERR	ERR
SNF/NH Visits	$1.50	0.05	$0.78	0.03	$0.54	0.02	$0.85	0.04	($0.65)	-0.011	-43%	-24%
ER Visits	$0.38	0.01	$0.37	0.01	$0.38	0.02	$0.61	0.02	$0.23	0.005	61%	45%
Consults	$0.00	0.00	$0.33	0.01	$0.65	0.01	$0.26	0.003	$0.26	0.003	ERR	ERR
Surgery	$0.79	0.01	$1.98	0.02	$1.56	0.02	$0.99	0.01	$0.20	0.002	25%	18%
Anesthesia	$0.00	0.00	$0.23	0.002	$0.00	0.00	$0.02	0.002	$0.02	0.002	ERR	ERR
Lab	$1.38	0.14	$1.00	0.12	$0.99	0.10	$1.46	0.20	$0.07	0.059	5%	43%
Radiology	$1.43	0.06	$1.71	0.07	$1.29	0.05	$1.72	0.04	$0.29	-0.019	20%	-33%
CAT Scans	$0.00	0.00	$0.35	0.00	$0.00	0.00	$0.16	0.002	$0.16	0.002	ERR	ERR
Ultrasound	$0.00	0.00	$0.12	0.003	$0.07	0.001	$0.08	0.00	$0.00	0	ERR	ERR
Special Tests	$4.76	0.20	$4.96	0.18	$5.74	0.21	$6.17	0.25	$1.41	0.056	30%	29%
Echocardiograph	$0.00	0.00	$0.00	0.00	$0.07	0.001	$0.13	0.003	$0.13	0.003	ERR	ERR

ARRHYTHMIA
ALL CASES
DRG 138

	PERIOD 1 TOTAL CASES: 1543		PERIOD 2 TOTAL CASES: 10152		PERIOD 3 TOTAL CASES: 12735		PERIOD 4 TOTAL CASES: 13593		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		7.31		6.45		6.05		6.20		-1.11		-15%
Total Part B	$295.64		$293.20		$294.55		$326.12		$30.48		10%	
Hospital Visits	$151.88	6.24	$155.17	5.77	$150.16	5.39	$161.59	5.53	$9.71	-0.71	6%	-11%
ICU Visits	$17.92	0.46	$17.47	0.42	$19.24	0.56	$22.07	0.64	$4.15	0.179	23%	39%
Consults	$22.50	0.33	$26.73	0.38	$27.47	0.39	$31.25	0.46	$8.75	0.131	39%	40%
Surgery	$11.17	0.07	$13.93	0.08	$10.97	0.07	$14.69	0.08	$3.52	0.013	32%	18%
Lab	$7.39	1.17	$1.03	0.07	$1.12	0.08	$1.72	0.11	($5.67)	-1.062	-77%	-91%
Radiology	$35.94	1.52	$31.50	1.47	$30.94	1.40	$32.96	1.46	($2.98)	-0.067	-8%	-4%
CAT Scans	$5.48	0.06	$5.04	0.06	$5.56	0.07	$6.68	0.08	$1.21	0.018	22%	30%
MRI	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.14	0.001	$0.14	0.001	ERR	ERR
Ultrasound	$2.75	0.06	$2.06	0.05	$2.10	0.05	$2.42	0.06	($0.33)	0.003	-12%	5%
Special Tests	$37.62	1.66	$36.86	1.72	$43.45	2.08	$50.69	2.35	$13.08	0.685	35%	41%
Echocardiograph	$7.82	0.13	$8.82	0.14	$11.47	0.19	$15.76	0.24	$7.95	0.114	102%	88%
Doppler	$0.50	0.02	$1.09	0.02	$1.69	0.03	$2.07	0.04	$1.57	0.024	314%	133%
Selected Cardiac	$21.82	1.38	$18.29	1.43	$20.17	1.73	$21.64	1.90	($0.18)	0.523	-1%	38%
Part B NEC	$9.88		$9.28		$9.81		$9.89		$0.01		0%	
PRE-HOSP												
Total Part B	$35.30		$35.70		$47.12		$53.22		$17.92		51%	
Office Visits	$6.40	0.35	$6.25	0.31	$6.93	0.34	$7.64	0.35	$1.23	0.007	19%	2%
Home Visits	$0.28	0.01	$0.17	0.01	$0.23	0.01	$0.25	0.01	($0.03)	-0.004	-11%	-33%
SNF/NH Visits	$0.15	0.01	$0.19	0.01	$0.24	0.01	$0.19	0.01	$0.05	0	31%	0%
ER Visits	$6.92	0.20	$9.26	0.27	$10.48	0.29	$12.19	0.32	$5.27	0.12	76%	61%
Consults	$0.75	0.01	$0.70	0.01	$0.91	0.01	$1.22	0.02	$0.47	0.006	63%	50%
Surgery	$0.50	0.02	$0.91	0.02	$2.32	0.03	$3.50	0.05	$3.01	0.032	607%	213%
Lab	$3.22	0.30	$2.29	0.24	$2.66	0.32	$3.05	0.35	($0.17)	0.052	-5%	17%
Radiology	$3.11	0.15	$3.31	0.14	$4.51	0.20	$5.41	0.23	$2.30	0.089	74%	61%
CAT Scans	$0.29	0.003	$0.32	0.002	$0.42	0.004	$0.41	0.004	$0.12	0.001	42%	33%
Ultrasound	$0.03	0.001	$0.09	0.001	$0.15	0.002	$0.23	0.003	$0.20	0.002	729%	200%
Special Tests	$8.34	0.29	$9.53	0.31	$12.02	0.41	$13.36	0.44	$5.02	0.145	60%	50%
Echocardiograph	$0.63	0.01	$0.27	0.003	$0.62	0.01	$0.76	0.01	$0.13	0.003	21%	60%
POST-HOSP												
Total Part B	$15.16		$29.59		$27.12		$29.91		$14.75		97%	
Office Visits	$4.01	0.23	$5.76	0.30	$5.70	0.30	$6.01	0.30	$2.00	0.066	50%	29%
Home Visits	$0.16	0.01	$0.15	0.01	$0.13	0.01	$0.13	0.004	($0.03)	-0.002	-18%	-33%
SNF/NH Visits	$0.42	0.02	$0.58	0.02	$0.57	0.02	$0.44	0.02	$0.03	0.001	6%	6%
ER Visits	$0.24	0.01	$0.58	0.02	$0.64	0.02	$0.76	0.03	$0.52	0.019	215%	317%
Consults	$0.30	0.01	$0.94	0.01	$0.85	0.01	$0.87	0.01	$0.57	0.007	194%	117%
Surgery	$0.39	0.01	$2.48	0.02	$2.23	0.01	$3.91	0.04	$3.52	0.026	897%	260%
Lab	$1.88	0.17	$2.43	0.23	$2.43	0.27	$2.85	0.29	$0.97	0.126	52%	76%
Radiology	$1.06	0.03	$2.54	0.07	$2.73	0.07	$2.33	0.07	$1.27	0.039	120%	134%
CAT Scans	$0.27	0.001	$0.37	0.003	$0.55	0.01	$0.37	0.004	$0.10	0.003	39%	300%
Ultrasound	$0.17	0.003	$0.13	0.002	$0.12	0.002	$0.14	0.003	($0.03)	0	-17%	0%
Special Tests	$3.87	0.09	$7.67	0.16	$7.63	0.16	$8.82	0.18	$4.94	0.092	128%	102%
Echocardiograph	$0.13	0.003	$0.97	0.01	$0.94	0.01	$1.24	0.01	$1.11	0.01	890%	333%

ARRHYTHMIA
ALL CASES
DRG 139

	PERIOD 1 TOTAL CASES: 476		PERIOD 2 TOTAL CASES: 1322		PERIOD 3 TOTAL CASES: 1302		PERIOD 4 TOTAL CASES: 1292		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		6.63		4.96		4.69		4.60		-2.022		-31%
Total Part B	$283.30		$253.90		$241.20		$253.01		($30.29)		-11%	
Hospital Visits	$144.28	5.93	$121.81	4.27	$117.86	3.99	$122.40	3.96	($21.89)	-1.97	-15%	-33%
ICU Visits	$13.18	0.31	$16.14	0.36	$12.23	0.34	$15.52	0.39	$2.34	0.083	18%	27%
Consults	$21.36	0.30	$20.88	0.29	$21.06	0.30	$22.48	0.36	$1.11	0.057	5%	19%
Surgery	$13.27	0.06	$10.70	0.06	$5.44	0.03	$5.70	0.04	($7.57)	-0.024	-57%	-41%
Lab	$7.92	1.39	$0.55	0.05	$0.58	0.05	$0.91	0.07	($7.01)	-1.319	-88%	-95%
Radiology	$30.10	1.40	$26.38	1.13	$26.25	1.10	$23.35	1.02	($6.75)	-0.378	-22%	-27%
CAT Scans	$2.41	0.03	$3.94	0.05	$4.69	0.06	$4.17	0.05	$1.76	0.016	73%	50%
MRI	$0.00	0.00	$0.00	0.000	$0.00	0.00	$0.19	0.002	$0.19	0.002	ERR	ERR
Ultrasound	$2.27	0.05	$1.63	0.05	$1.65	0.04	$1.78	0.04	($0.49)	-0.004	-22%	-8%
Special Tests	$39.74	1.83	$42.38	1.70	$49.44	1.99	$53.16	2.05	$13.42	0.224	34%	12%
Echocardiograph	$9.12	0.17	$9.23	0.16	$10.97	0.19	$14.83	0.23	$5.71	0.058	63%	34%
Doppler	$0.07	0.00	$0.74	0.02	$1.58	0.04	$2.25	0.04	$2.17	0.034	2977%	1700%
Selected Cardiac	$21.07	1.52	$19.38	1.37	$21.71	1.60	$21.27	1.64	$0.19	0.119	1%	8%
Part B NBC	$12.59		$13.97		$7.00		$8.45		($4.15)		-33%	
PRE-HOSP												
Total Part B	$34.61		$41.07		$43.93		$50.02		$15.40		45%	
Office Visits	$6.92	0.35	$6.98	0.34	$7.41	0.36	$8.44	0.40	$1.52	0.048	22%	14%
Home Visits	$0.06	0.002	$0.02	0.001	$0.10	0.003	$0.00	0.00	($0.06)	-0.002	-100%	-100%
SNF/NH Visits	$0.19	0.01	$0.10	0.003	$0.03	0.002	$0.00	0.00	($0.19)	-0.011	-100%	-100%
ER Visits	$6.95	0.20	$9.49	0.29	$9.45	0.27	$10.80	0.29	$3.85	0.092	55%	46%
Consults	$1.13	0.02	$1.25	0.02	$0.98	0.02	$1.04	0.02	($0.09)	-0.002	-8%	-12%
Surgery	$0.50	0.02	$1.89	0.02	$1.19	0.03	$2.44	0.05	$1.94	0.033	387%	220%
Lab	$2.85	0.29	$2.38	0.24	$2.15	0.27	$2.65	0.29	($0.21)	0.005	-7%	2%
Radiology	$2.97	0.14	$3.29	0.14	$3.71	0.13	$3.71	0.16	$0.73	0.022	25%	16%
CAT Scans	$0.00	0.00	$0.13	0.002	$0.32	0.003	$0.13	0.002	$0.13	0.002	ERR	ERR
Ultrasound	$0.00	0.00	$0.32	0.003	$0.24	0.004	$0.07	0.002	$0.07	0.002	ERR	ERR
Special Tests	$9.05	0.36	$12.42	0.39	$13.83	0.44	$16.31	0.50	$7.26	0.141	80%	40%
Echocardiograph	$0.20	0.004	$0.46	0.01	$0.61	0.01	$0.83	0.01	$0.63	0.003	308%	75%
POST-HOSP												
Total Part B	$20.37		$29.08		$30.09		$35.43		$15.05		74%	
Office Visits	$4.70	0.25	$5.86	0.31	$6.34	0.32	$6.70	0.33	$2.00	0.075	43%	30%
Home Visits	$0.05	0.002	$0.05	0.002	$0.06	0.002	$0.06	0.002	$0.02	0	32%	0%
SNF/NH Visits	$0.22	0.01	$0.03	0.002	$0.05	0.002	$0.01	0.001	($0.21)	-0.005	-94%	-83%
ER Visits	$0.49	0.02	$0.81	0.03	$0.83	0.03	$0.59	0.02	$0.10	0.004	21%	27%
Consults	$0.50	0.01	$1.15	0.02	$0.70	0.01	$1.11	0.02	$0.61	0.01	124%	167%
Surgery	$0.93	0.01	$1.17	0.01	$1.79	0.01	$2.88	0.03	$1.95	0.022	208%	367%
Lab	$1.78	0.18	$2.14	0.19	$2.13	0.24	$2.01	0.21	$0.23	0.028	13%	15%
Radiology	$1.11	0.03	$2.07	0.05	$3.07	0.07	$4.43	0.08	$3.32	0.054	300%	200%
CAT Scans	$0.16	0.002	$0.19	0.002	$0.36	0.004	$1.14	0.007	$0.99	0.005	624%	250%
Ultrasound	$0.27	0.002	$0.34	0.003	$0.13	0.002	$0.12	0.002	($0.16)	0	-57%	0%
Special Tests	$6.59	0.14	$11.35	0.22	$12.17	0.23	$15.22	0.33	$8.63	0.196	131%	143%
Echocardiograph	$0.47	0.01	$1.03	0.01	$1.46	0.02	$2.64	0.03	$2.18	0.015	468%	136%

PNEUMONIA
ALL CASES
DRG 89

	PERIOD 1 TOTAL CASES:2413		PERIOD 2 TOTAL CASES:15431		PERIOD 3 TOTAL CASES:20366		PERIOD 4 TOTAL CASES:21940		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		11.11		9.36		9.04		9.13		-1.981		-18%
Total Part B	$328.36		$321.71		$325.14		$356.21		$27.86		8%	
Hospital Visits	$204.19	9.36	$208.91	8.60	$206.54	8.25	$219.37	8.40	$15.18	-0.967	7%	-10%
ICU Visits	$7.12	0.19	$6.90	0.18	$8.15	0.25	$10.18	0.32	$3.05	0.128	43%	66%
Consults	$18.72	0.29	$19.60	0.28	$21.23	0.31	$24.83	0.37	$6.11	0.087	33%	30%
Surgery	$22.35	0.15	$22.34	0.14	$23.10	0.14	$26.61	0.16	$4.26	0.005	19%	3%
Lab	$10.64	1.69	$3.53	0.21	$4.32	0.24	$5.44	0.27	($5.20)	-1.425	-49%	-84%
Surgical Pathology	$0.42	0.01	$0.86	0.04	$1.25	0.05	$2.12	0.08	$1.70	0.061	403%	436%
Radiology	$42.45	2.46	$44.26	2.63	$43.68	2.58	$48.49	2.74	$6.03	0.271	14%	11%
CAT Scans	$3.27	0.04	$4.33	0.05	$4.96	0.06	$6.93	0.08	$3.66	0.046	112%	128%
MRI	$0.00	0	$0.00	0	$0.00	0	$0.01	0	$0.01	0	ERR	ERR
Ultrasound	$1.59	0.03	$2.03	0.05	$2.16	0.05	$2.46	0.06	$0.87	0.025	55%	83%
Special Tests	$10.49	0.91	$9.43	0.70	$10.84	0.88	$13.35	0.99	$2.86	0.078	27%	9%
Echocardiograph	$1.46	0.02	$1.67	0.03	$1.88	0.03	$3.25	0.05	$1.79	0.027	122%	123%
Selected Cardiac	$6.19	0.63	$5.71	0.59	$6.68	0.76	$7.39	0.84	$1.20	0.208	19%	33%
Part B NEC	$11.59		$5.64		$5.82		$6.75		($4.84)		-42%	
PRE-HOSP												
Total Part B	$30.40		$30.62		$39.73		$43.92		$13.52		44%	
Office Visits	$4.69	0.26	$4.87	0.26	$5.40	0.28	$5.84	0.29	$1.15	0.025	25%	10%
Home Visits	$0.45	0.02	$0.45	0.02	$0.52	0.02	$0.47	0.02	$0.02	-0.005	5%	-24%
SNF/NH Visits	$1.16	0.06	$1.00	0.05	$1.08	0.05	$0.86	0.04	($0.30)	-0.021	-26%	-33%
ER Visits	$6.17	0.19	$9.04	0.27	$10.61	0.30	$12.23	0.32	$6.06	0.138	98%	74%
Consults	$0.29	0.01	$0.35	0.01	$0.48	0.01	$0.64	0.01	$0.35	0.005	121%	100%
Surgery	$1.01	0.02	$0.91	0.02	$2.05	0.03	$2.41	0.04	$1.40	0.023	139%	144%
Lab	$3.40	0.37	$2.77	0.29	$3.19	0.38	$3.75	0.42	$0.35	0.047	10%	13%
Radiology	$6.12	0.28	$6.97	0.31	$8.52	0.37	$9.70	0.43	$3.58	0.146	58%	52%
CAT Scans	$0.07	0.001	$0.11	0.001	$0.32	0.003	$0.45	0.004	$0.38	0.003	547%	300%
Ultrasound	$0.12	0.001	$0.07	0.001	$0.13	0.002	$0.19	0.003	$0.07	0.002	56%	200%
Special Tests	$1.55	0.07	$1.58	0.09	$2.23	0.13	$2.58	0.14	$1.03	0.07	66%	96%
Echocardiograph	$0.00	0	$0.05	0.001	$0.07	0.001	$0.08	0.001	$0.08	0.001	ERR	ERR
POST-HOSP												
Total Part B	$14.84		$18.64		$17.05		$17.24		$2.40		16%	
Office Visits	$3.01	0.18	$4.13	0.23	$3.93	0.21	$4.06	0.21	$1.05	0.031	35%	17%
Home Visits	$0.32	0.01	$0.20	0.01	$0.24	0.01	$0.21	0.01	($0.11)	-0.005	-35%	-42%
SNF/NH Visits	$1.55	0.06	$1.62	0.06	$1.76	0.07	$1.28	0.06	($0.26)	-0.005	-17%	-8%
ER Visits	$0.28	0.01	$0.38	0.01	$0.41	0.01	$0.52	0.02	$0.25	0.007	88%	64%
Consults	$0.23	0.003	$0.28	0.004	$0.39	0.01	$0.40	0.01	$0.17	0.004	74%	133%
Surgery	$0.40	0.01	$0.81	0.01	$1.16	0.01	$1.00	0.02	$0.60	0.017	151%	283%
Lab	$1.42	0.15	$1.86	0.19	$1.80	0.20	$2.20	0.23	$0.78	0.082	55%	55%
Radiology	$2.22	0.09	$3.75	0.14	$3.21	0.12	$3.81	0.14	$1.59	0.045	72%	50%
CAT Scans	$0.06	0.001	$0.30	0.002	$0.24	0.002	$0.21	0.002	$0.15	0.001	234%	100%
Ultrasound	$0.01	0	$0.07	0.001	$0.06	0.001	$0.09	0.002	$0.08	0.002	650%	ERR
Special Tests	$0.34	0.02	$0.64	0.03	$0.76	0.03	$0.74	0.03	$0.41	0.015	120%	100%
Echocardiograph	$0.06	0.001	$0.08	0.001	$0.08	0.001	$0.10	0.001	$0.04	0	59%	0%

PNEUMONIA
ALL CASES
DRG 90

	PERIOD 1 TOTAL CASES:577		PERIOD 2 TOTAL CASES:1142		PERIOD 3 TOTAL CASES:1141		PERIOD 4 TOTAL CASES:1055		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		9.72		7.57		7.09		7.03		-2.685		-2[illegible]
Total Part B	$307.95		$262.74		$247.95		$265.45		($42.50)		-14%	
Hospital Visits	$177.63	8.48	$164.48	6.80	$155.52	6.25	$165.67	6.31	($11.96)	-2.168	-7%	-2[illegible]
ICU Visits	$9.43	0.24	$4.82	0.13	$1.75	0.04	$3.36	0.11	($6.06)	-0.132	-64%	-5[illegible]
Consults	$19.27	0.32	$14.73	0.22	$13.34	0.20	$14.87	0.23	($4.40)	-0.089	-23%	-2[illegible]
Surgery	$22.16	0.13	$21.83	0.11	$21.27	0.10	$20.56	0.10	($1.61)	-0.024	-7%	-1[illegible]
Lab	$11.14	1.64	$3.48	0.19	$4.61	0.24	$5.56	0.24	($5.58)	-1.402	-50%	-8[illegible]
Surgical Pathology	$0.50	0.02	$1.04	0.05	$1.65	0.07	$2.60	0.09	$2.10	0.07	424%	29[illegible]
Radiology	$46.24	2.51	$41.27	2.22	$39.06	2.10	$40.63	2.05	($5.61)	-0.465	-12%	-1[illegible]
CAT Scans	$3.74	0.04	$3.46	0.03	$3.59	0.04	$5.46	0.06	$1.71	0.021	46%	5[illegible]
MRI	$0.00	0	$0.00	0	$0.00	0	$1.43	0.002	$1.43	0.002	ERR	ERR
Ultrasound	$2.81	0.06	$1.17	0.03	$2.27	0.05	$2.07	0.05	($0.74)	-0.011	-26%	-1[illegible]
Special Tests	$8.51	0.73	$6.82	0.58	$7.99	0.62	$8.57	0.69	$0.06	-0.037	1%	-[illegible]
Echocardiograph	$0.50	0.01	$1.07	0.02	$1.35	0.02	$1.29	0.02	$0.79	0.014	157%	15[illegible]
Selected Cardiac	$6.15	0.55	$4.44	0.46	$4.92	0.54	$5.33	0.58	($0.83)	0.029	-13%	[illegible]
Part B NBC	$11.33		$3.22		$2.86		$5.23		($6.10)		-54%	
PRE-HOSP												
Total Part B	$28.45		$30.56		$37.48		$38.28		$9.83		35%	
Office Visits	$5.54	0.34	$7.06	0.38	$7.34	0.39	$7.70	0.41	$2.16	0.068	39%	2[illegible]
Home Visits	$0.25	0.01	$0.05	0.002	$0.00	0	$0.14	0.01	($0.11)	-0.004	-45%	-4[illegible]
SNF/NH Visits	$0.31	0.02	$0.19	0.01	$0.17	0.01	$0.13	0.01	($0.17)	-0.009	-57%	-5[illegible]
ER Visits	$6.28	0.22	$7.55	0.25	$8.89	0.27	$9.10	0.27	$2.82	0.049	45%	2[illegible]
Consults	$0.26	0.01	$0.32	0.01	$0.37	0.01	$0.59	0.01	$0.33	0.005	128%	10[illegible]
Surgery	$0.12	0.01	$0.55	0.01	$2.02	0.05	$0.84	0.03	$0.72	0.022	614%	32[illegible]
Lab	$3.36	0.35	$2.87	0.33	$3.05	0.40	$3.60	0.42	$0.24	0.071	7%	2[illegible]
Radiology	$5.69	0.26	$8.19	0.34	$10.48	0.42	$10.84	0.45	$5.15	0.19	90%	7[illegible]
CAT Scans	$0.00	0	$0.07	0.001	$0.46	0.01	$0.48	0.003	$0.48	0.003	ERR	ERR
Ultrasound	$0.19	0.003	$0.07	0.001	$0.41	0.01	$0.00	0	($0.19)	-0.003	-100%	-10[illegible]
Special Tests	$0.97	0.05	$2.09	0.09	$1.64	0.10	$2.12	0.10	$1.15	0.05	119%	9[illegible]
Echocardiograph	$0.00	0	$0.42	0.004	$0.00	0	$0.00	0	$0.00	0	ERR	ERR
POST-HOSP												
Total Part B	$17.14		$17.39		$15.81		$18.80		$1.66		10%	
Office Visits	$4.29	0.26	$5.82	0.33	$6.09	0.34	$6.55	0.35	$2.26	0.09	53%	35[illegible]
Home Visits	$0.00	0	$0.03	0.001	$0.01	0.001	$0.00	0	$0.00	0	ERR	ERR
SNF/NH Visits	$0.40	0.02	$0.43	0.02	$0.40	0.02	$0.33	0.02	($0.06)	-0.004	-16%	-2[illegible]
ER Visits	$0.30	0.01	$0.35	0.01	$0.41	0.01	$0.33	0.01	$0.03	0.001	10%	[illegible]
Consults	$0.34	0.01	$0.66	0.01	$0.30	0.004	$0.42	0.01	$0.08	0.002	25%	4[illegible]
Surgery	$0.00	0	$0.64	0.01	$0.22	0.01	$1.15	0.02	$1.15	0.02	ERR	ERR
Lab	$1.15	0.13	$1.31	0.14	$1.13	0.12	$2.14	0.21	$0.99	0.084	86%	6[illegible]
Radiology	$4.31	0.17	$4.30	0.16	$3.73	0.15	$5.50	0.20	$1.19	0.026	28%	15[illegible]
CAT Scans	$0.11	0.002	$0.15	0.002	$0.13	0.002	$0.44	0.01	$0.33	0.003	286%	15[illegible]
Ultrasound	$0.00	0	$0.26	0.004	$0.00	0	$0.03	0.001	$0.03	0.001	ERR	ERR
Special Tests	$1.00	0.03	$0.34	0.02	$0.42	0.02	$0.84	0.03	($0.16)	-0.004	-16%	-1[illegible]
Echocardiograph	$0.00	0	$0.00	0	$0.07	0.001	$0.16	0.002	$0.16	0.002	ERR	ERR

GI HEMORRHAGE
ALL CASES
DRG 174

	PERIOD 1 TOTAL CASES:1114		PERIOD 2 TOTAL CASES:7859		PERIOD 3 TOTAL CASES:10261		PERIOD 4 TOTAL CASES:10180		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		8.85		7.56		7.33		7.26		-1.589		-18%
Total Part B	$413.44		$422.55		$447.90		$477.87		$64.43		16%	
Hospital Visits	$176.79	7.44	$175.66	6.79	$175.67	6.65	$182.18	6.56	$5.39	-0.882	3%	-12%
ICU Visits	$7.33	0.16	$9.62	0.22	$9.66	0.28	$10.41	0.30	$3.09	0.136	42%	84%
Consults	$27.85	0.46	$30.01	0.45	$33.27	0.51	$36.90	0.56	$9.05	0.106	32%	23%
Surgery	$117.81	0.59	$136.70	0.63	$154.31	0.66	$170.12	0.70	$52.31	0.116	44%	20%
Lab	$14.77	2.29	$4.18	0.19	$5.73	0.25	$7.37	0.28	($7.40)	-2.009	-50%	-88%
Surgical Pathology	$1.19	0.04	$2.60	0.09	$4.03	0.14	$5.07	0.16	$3.88	0.119	325%	290%
Radiology	$52.32	2.04	$52.07	2.09	$52.79	2.12	$51.50	2.01	($0.83)	-0.025	-2%	-1%
CAT Scans	$2.54	0.03	$3.23	0.04	$4.52	0.05	$5.64	0.07	$3.10	0.038	122%	136%
MRI	$0.00	0	$0.00	0	$0.00	0	$0.07	0	$0.07	0	ERR	ERR
Ultrasound	$2.32	0.05	$2.78	0.06	$3.27	0.08	$2.90	0.06	$0.58	0.015	25%	32%
Special Tests	$7.88	0.56	$7.11	0.55	$8.34	0.72	$9.62	0.80	$1.75	0.236	22%	42%
Selected Cardiac	$5.52	0.50	$4.81	0.50	$5.82	0.67	$6.35	0.73	$0.84	0.232	15%	47%
Part B NEC	$7.03		$5.68		$6.64		$8.61		$1.59		23%	
PRE-HOSP												
Total Part B	$28.36		$29.20		$40.03		$44.40		$16.04		57%	
Office Visits	$4.58	0.25	$5.07	0.26	$6.14	0.30	$6.07	0.29	$1.49	0.036	32%	14%
Home Visits	$0.19	0.01	$0.28	0.01	$0.39	0.01	$0.32	0.01	$0.13	0.004	67%	57%
SNF/NH Visits	$0.58	0.03	$0.66	0.04	$0.70	0.04	$0.63	0.03	$0.05	0	9%	0%
ER Visits	$6.21	0.18	$7.22	0.21	$9.29	0.26	$10.92	0.28	$4.71	0.101	76%	56%
Consults	$0.45	0.01	$0.71	0.01	$0.88	0.01	$1.18	0.02	$0.73	0.011	163%	157%
Surgery	$2.63	0.05	$3.42	0.04	$5.17	0.06	$6.02	0.07	$3.39	0.023	129%	47%
Lab	$5.23	0.56	$4.07	0.50	$4.54	0.62	$5.16	0.66	($0.08)	0.101	-1%	18%
Radiology	$2.78	0.11	$3.38	0.12	$4.62	0.17	$5.32	0.20	$2.54	0.096	92%	91%
CAT Scans	$0.05	0.001	$0.22	0.001	$0.35	0.003	$0.46	0.004	$0.41	0.003	794%	300%
Ultrasound	$0.00	0	$0.12	0.002	$0.24	0.004	$0.30	0.01	$0.30	0.005	ERR	ERR
Special Tests	$1.30	0.07	$1.31	0.07	$1.86	0.10	$2.15	0.12	$0.85	0.049	66%	71%
Echocardiograph	$0.00	0	$0.02	0	$0.08	0.001	$0.09	0.001	$0.09	0.001	ERR	ERR
POST-HOSP												
Total Part B	$15.22		$22.20		$21.65		$20.74		$5.52		36%	
Office Visits	$3.34	0.18	$4.34	0.23	$4.27	0.23	$4.52	0.23	$1.18	0.046	35%	25%
Home Visits	$0.22	0.01	$0.17	0.01	$0.17	0.01	$0.12	0.004	($0.10)	-0.003	-45%	-43%
SNF/NH Visits	$1.02	0.04	$1.30	0.05	$1.33	0.05	$1.05	0.05	$0.03	0.002	3%	5%
ER Visits	$0.45	0.02	$0.34	0.01	$0.35	0.01	$0.43	0.02	($0.02)	-0.004	-5%	-21%
Consults	$0.28	0.01	$0.52	0.01	$0.54	0.01	$0.63	0.01	$0.35	0.002	128%	25%
Surgery	$1.93	0.01	$3.80	0.02	$4.51	0.03	$4.17	0.04	$2.24	0.031	116%	231%
Lab	$2.31	0.34	$2.96	0.40	$2.98	0.46	$3.43	0.47	$1.13	0.136	49%	41%
Radiology	$1.96	0.07	$2.49	0.07	$2.42	0.07	$2.42	0.07	$0.46	-0.004	23%	-6%
CAT Scans	$0.00	0	$0.22	0.002	$0.30	0.003	$0.35	0.003	$0.35	0.003	ERR	ERR
Ultrasound	$0.04	0.001	$0.18	0.003	$0.09	0.002	$0.13	0.002	$0.09	0.001	237%	100%
Special Tests	$0.49	0.02	$0.57	0.02	$0.63	0.02	$0.68	0.03	$0.20	0.003	40%	14%
Echocardiograph	$0.05	0.001	$0.05	0.001	$0.05	0	$0.07	0.001	$0.02	0	36%	0%

GI HEMORRHAGE
ALL CASES
DRG 175

	PERIOD 1 TOTAL CASES:289		PERIOD 2 TOTAL CASES:831		PERIOD 3 TOTAL CASES:767		PERIOD 4 TOTAL CASES:715		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		7.89		6.03		5.74		5.32		-2.578		-33%
Total Part B	$442.67		$394.90		$402.50		$405.60		($37.07)		-8%	
Hospital Visits	$165.50	7.31	$141.68	5.34	$134.18	4.89	$133.22	4.59	($32.28)	-2.721	-20%	-37%
ICU Visits	$7.08	0.19	$5.84	0.12	$5.53	0.16	$6.53	0.19	($0.55)	-0.002	-8%	-1%
Consults	$28.11	0.45	$22.53	0.35	$24.35	0.37	$26.22	0.41	($1.89)	-0.043	-7%	-10%
Surgery	$153.01	0.69	$163.98	0.73	$172.92	0.74	$181.51	0.72	$28.50	0.023	19%	3%
Lab	$13.81	3.72	$3.98	0.19	$5.83	0.23	$6.07	0.24	($7.75)	-3.488	-56%	-94%
Surgical Pathology	$0.92	0.04	$2.79	0.11	$4.80	0.16	$5.31	0.19	$4.39	0.15	476%	429%
Radiology	$57.21	2.14	$47.17	1.90	$47.80	1.81	$42.96	1.57	($14.25)	-0.569	-25%	-27%
CAT Scans	$4.31	0.05	$2.83	0.03	$2.89	0.04	$3.70	0.04	($0.61)	-0.009	-14%	-19%
MRI	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	ERR	ERR
Ultrasound	$4.46	0.09	$2.83	0.08	$2.22	0.06	$2.33	0.06	($2.14)	-0.027	-48%	-31%
Special Tests	$7.97	0.56	$6.34	0.50	$6.17	0.55	$6.69	0.56	($1.28)	0.003	-16%	1%
Selected Cardiac	$6.69	0.52	$4.46	0.45	$5.11	0.52	$5.24	0.53	($1.45)	0.011	-22%	2%
Part B NEC	$8.15		$2.77		$2.90		$1.47		($6.68)		-82%	
PRE-HOSP												
Total Part B	$33.13		$28.29		$46.36		$44.26		$11.13		34%	
Office Visits	$5.89	0.30	$5.99	0.32	$6.47	0.31	$6.47	0.32	$0.58	0.015	10%	5%
Home Visits	$0.54	0.02	$0.03	0.001	$0.19	0.01	$0.04	0.001	($0.51)	-0.016	-94%	-94%
SNF/NH Visits	$0.11	0.01	$0.10	0.01	$0.11	0.01	$0.16	0.01	$0.05	0.001	41%	14%
ER Visits	$3.78	0.14	$6.81	0.23	$8.34	0.25	$11.14	0.30	$7.36	0.16	195%	113%
Consults	$0.89	0.01	$0.64	0.01	$0.94	0.01	$1.47	0.02	$0.57	0.01	64%	71%
Surgery	$4.57	0.06	$4.17	0.05	$11.95	0.08	$10.66	0.08	$6.09	0.016	133%	26%
Lab	$4.25	0.53	$3.52	0.48	$3.96	0.59	$4.40	0.60	$0.15	0.067	4%	13%
Radiology	$5.55	0.19	$3.78	0.11	$6.27	0.18	$4.44	0.16	($1.11)	-0.025	-20%	-13%
CAT Scans	$0.00	0	$0.71	0.004	$1.62	0.01	$0.14	0.001	$0.14	0.001	ERR	ERR
Ultrasound	$0.62	0.01	$0.03	0.001	$0.16	0.003	$0.16	0.003	($0.46)	-0.004	-74%	-57%
Special Tests	$1.22	0.06	$1.07	0.06	$2.71	0.11	$2.54	0.11	$1.32	0.047	109%	76%
Echocardiograph	$0.00	0	$0.00	0	$0.12	0.003	$0.00	0	$0.00	0	ERR	ERR
POST-HOSP												
Total Part B	$14.37		$22.90		$20.16		$22.57		$8.20		57%	
Office Visits	$3.35	0.18	$5.13	0.28	$5.51	0.29	$6.65	0.33	$3.30	0.151	98%	83%
Home Visits	$0.00	0	$0.03	0.001	$0.03	0.001	$0.00	0	$0.00	0	ERR	ERR
SNF/NH Visits	$0.43	0.02	$0.11	0.01	$0.13	0.01	$0.08	0.001	($0.35)	-0.02	-81%	-95%
ER Visits	$0.33	0.01	$0.35	0.01	$0.33	0.02	$0.52	0.02	$0.20	0.003	59%	21%
Consults	$0.21	0.003	$0.59	0.01	$0.48	0.01	$0.31	0.01	$0.10	0.003	50%	100%
Surgery	$3.38	0.02	$7.05	0.03	$5.72	0.05	$7.50	0.06	$4.11	0.038	122%	224%
Lab	$2.04	0.26	$2.85	0.37	$2.56	0.40	$2.86	0.39	$0.82	0.134	40%	52%
Radiology	$1.35	0.05	$1.92	0.06	$2.27	0.06	$2.76	0.06	$1.41	0.012	105%	25%
CAT Scans	$0.00	0	$0.00	0	$0.11	0.001	$0.24	0.003	$0.24	0.003	ERR	ERR
Ultrasound	$0.00	0	$0.05	0.001	$0.04	0.001	$0.27	0.004	$0.27	0.004	ERR	ERR
Special Tests	$0.81	0.03	$0.57	0.02	$0.71	0.03	$0.36	0.02	($0.44)	-0.013	-55%	-42%
Echocardiograph	$0.40	0.003	$0.00	0	$0.00	0	$0.11	0.001	($0.29)	-0.002	-72%	-67%

MISCELLANEOUS DIGESTIVE
ALL CASES
DRG 182

	PERIOD 1 TOTAL CASES: 4122		PERIOD 2 TOTAL CASES: 20134		PERIOD 3 TOTAL CASES: 18976		PERIOD 4 TOTAL CASES: 18194		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		7.44		6.49		6.29		6.47	$0.00	-0.971		-13.04%
Total Part B	$314.98		$315.46		$330.21		$363.25		$48.26		15.32%	
Hospital Visits	$151.70	6.52	$151.25	5.86	$153.14	5.73	$164.16	5.92	$12.46	-0.596	8.21%	-9.15%
ICU Visits	$1.28	0.04	$2.11	0.05	$2.68	0.08	$3.64	0.11	$2.35	0.068	183.26%	178.95%
Consults	$18.06	0.30	$20.29	0.32	$23.43	0.36	$28.50	0.46	$10.44	0.156	57.83%	52.17%
Surgery	$56.11	0.35	$62.05	0.35	$69.75	0.35	$78.71	0.37	$22.60	0.018	40.27%	5.13%
Selected Cardiac	$6.31	0.55	$5.39	0.52	$5.99	0.63	$7.16	0.72	$0.85	0.169	13.47%	30.78%
Lab	$5.54	1.00	$2.22	0.11	$3.16	0.14	$4.00	0.15	($1.53)	-0.847	-27.69%	-84.87%
Surgical Pathology	$0.77	0.03	$1.46	0.05	$2.29	0.08	$2.95	0.09	$2.18	0.061	281.99%	225.93%
Radiology	$66.75	2.48	$63.16	2.43	$63.07	2.38	$66.75	2.44	$0.01	-0.039	0.01%	-1.58%
CAT Scans	$6.07	0.07	$7.37	0.08	$8.78	0.10	$10.96	0.13	$4.88	0.059	80.39%	88.06%
MRI	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.07	0.001	$0.07	0.001	ERR	ERR
Ultrasound	$9.10	0.18	$8.08	0.20	$8.99	0.21	$9.61	0.22	$0.51	0.04	5.59%	21.86%
Special Tests	$8.63	0.62	$7.91	0.58	$8.82	0.69	$10.89	0.80	$2.26	0.179	26.24%	29.01%
Echocardiograph	$0.94	0.02	$1.16	0.02	$1.34	0.02	$1.90	0.03	$0.97	0.012	103.42%	66.67%
Part B NEC	$5.61	0.00	$4.91	0.00	$4.79	0.00	$5.36	0.00	($0.25)	0	-4.53%	ERR
PRE-HOSP												
Total Part B	$24.59		$27.29		$37.70		$45.82		$21.23		86.32%	
Office Visits	$6.15	0.35	$6.31	0.33	$7.21	0.36	$7.66	0.37	$1.51	0.022	24.50%	6.30%
Home Visits	$0.33	0.01	$0.27	0.01	$0.40	0.01	$0.32	0.01	($0.01)	-0.001	-3.32%	-7.69%
SNF/NH Visits	$0.26	0.01	$0.27	0.01	$0.30	0.02	$0.26	0.01	$0.01	-0.001	1.93%	-7.14%
ER Visits	$4.40	0.14	$6.57	0.21	$8.82	0.26	$11.09	0.30	$6.69	0.165	152.01%	119.57%
Consults	$0.58	0.01	$0.54	0.01	$0.91	0.02	$1.06	0.02	$0.48	0.006	82.33%	54.55%
Surgery	$1.39	0.02	$2.15	0.03	$4.02	0.04	$5.73	0.06	$4.34	0.038	312.75%	211.11%
Lab	$2.94	0.33	$2.85	0.32	$3.58	0.45	$4.11	0.49	$1.16	0.157	39.55%	47.01%
Radiology	$3.95	0.16	$4.77	0.17	$6.47	0.24	$8.32	0.30	$4.37	0.145	110.77%	93.55%
CAT Scans	$0.14	0.001	$0.34	0.003	$0.57	0.004	$0.95	0.01	$0.81	0.007	586.23%	700.00%
Ultrasound	$0.32	0.01	$0.35	0.01	$0.60	0.01	$0.78	0.01	$0.46	0.006	141.36%	100.00%
Special Tests	$1.28	0.06	$1.48	0.07	$2.16	0.11	$2.74	0.13	$1.46	0.072	114.25%	120.00%
Echocardiograph	$0.00	0.00	$0.01	0.00	$0.07	0.001	$0.10	0.001	$0.10	0.001	ERR	ERR
POST-HOSP												
Total Part B	$11.50		$18.46		$18.66		$19.24		$7.74		67.32%	
Office Visits	$2.83	0.17	$3.96	0.22	$4.21	0.22	$4.41	0.22	$1.58	0.058	55.76%	35.15%
Home Visits	$0.16	0.01	$0.12	0.004	$0.14	0.01	$0.11	0.004	($0.05)	-0.001	-30.82%	-20.00%
SNF/NH Visits	$0.48	0.02	$0.66	0.03	$0.70	0.03	$0.61	0.03	$0.13	0.002	26.30%	8.33%
ER Visits	$0.26	0.01	$0.50	0.02	$0.50	0.02	$0.54	0.02	$0.28	0.01	104.94%	100.00%
Consults	$0.19	0.003	$0.56	0.01	$0.65	0.01	$0.47	0.01	$0.29	0.005	153.23%	166.67%
Surgery	$1.02	0.01	$2.29	0.02	$2.42	0.02	$3.55	0.03	$2.54	0.02	249.51%	166.67%
Lab	$1.14	0.13	$1.48	0.16	$1.73	0.21	$1.99	0.22	$0.86	0.087	75.26%	66.92%
Radiology	$1.71	0.04	$3.38	0.09	$3.81	0.09	$3.64	0.09	$1.92	0.046	112.38%	104.55%
CAT Scans	$0.38	0.003	$0.65	0.01	$0.83	0.01	$0.77	0.01	$0.39	0.004	101.05%	133.33%
Ultrasound	$0.14	0.002	$0.36	0.01	$0.42	0.01	$0.32	0.01	$0.18	0.004	127.46%	200.00%
Special Tests	$0.38	0.02	$0.81	0.03	$1.00	0.04	$1.00	0.03	$0.62	0.015	163.68%	88.24%
Echocardiograph	$0.02	0.00	$0.07	0.001	$0.06	0.001	$0.09	0.001	$0.07	0.001	345.00%	ERR

MISCELLANEOUS DIGESTIVE
ALL CASES
DRG 183

	PERIOD 1 TOTAL CASES: 1484		PERIOD 2 TOTAL CASES: 3892		PERIOD 3 TOTAL CASES: 2868		PERIOD 4 TOTAL CASES: 2627		PERIOD4-PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		6.59		5.41		5.32		5.25	$0.00	-1.337		-20.29%
Total Part B	$313.38		$303.34		$309.79		$343.24		$29.86		9.53%	
Hospital Visits	$132.36	5.83	$122.74	4.69	$126.73	4.65	$134.27	4.72	$1.91	-1.107	1.45%	-19.00%
ICU Visits	$2.36	0.09	$1.41	0.03	$1.87	0.05	$2.43	0.06	$0.08	-0.022	3.22%	-25.58%
Consults	$17.36	0.30	$18.11	0.29	$21.17	0.34	$24.44	0.40	$7.08	0.096	40.78%	31.68%
Surgery	$66.82	0.38	$73.56	0.38	$76.06	0.35	$88.94	0.36	$22.12	-0.023	33.10%	-6.02%
Selected Cardiac	$7.21	0.57	$6.14	0.52	$6.87	0.62	$8.56	0.72	$1.35	0.145	18.80%	25.39%
Lab	$4.78	0.96	$2.75	0.14	$2.75	0.11	$3.91	0.13	($0.86)	-0.831	-18.10%	-86.65%
Surgical Pathology	$0.84	0.03	$1.83	0.07	$2.12	0.07	$3.41	0.10	$2.57	0.064	306.32%	200.00%
Radiology	$69.96	2.54	$70.24	2.58	$67.02	2.47	$71.77	2.45	$1.81	-0.091	2.59%	-3.59%
CAT Scans	$7.87	0.09	$9.09	0.10	$8.76	0.10	$11.65	0.13	$3.78	0.047	48.01%	54.65%
MRI	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.38	0.001	$0.38	0.001	ERR	ERR
Ultrasound	$9.86	0.21	$9.89	0.26	$10.94	0.28	$12.35	0.30	$2.50	0.091	25.32%	44.17%
Special Tests	$10.19	0.66	$9.70	0.61	$9.40	0.68	$12.18	0.80	$1.99	0.145	19.56%	22.10%
Echocardiograph	$1.21	0.02	$1.21	0.02	$1.18	0.02	$2.05	0.04	$0.85	0.015	70.21%	68.18%
Part B NEC	$8.05	0.00	$3.30	0.00	$3.18	0.00	$3.68	0.00	($4.37)	0	-54.28%	ERR
PRE-HOSP												
Total Part B	$24.82		$29.82		$38.98		$45.29		$20.47		82.46%	
Office Visits	$6.68	0.37	$7.38	0.37	$8.01	0.39	$8.42	0.41	$1.74	0.041	26.05%	10.99%
Home Visits	$0.09	0.003	$0.07	0.003	$0.07	0.002	$0.08	0.003	($0.01)	0	-11.63%	0.00%
SNF/NH Visits	$0.03	0.003	$0.05	0.003	$0.08	0.003	$0.01	0.00	($0.02)	-0.003	-80.00%	-100.00%
ER Visits	$3.91	0.14	$6.23	0.21	$8.60	0.26	$11.19	0.31	$7.28	0.178	186.01%	131.85%
Consults	$0.30	0.01	$0.76	0.01	$1.23	0.02	$1.17	0.02	$0.87	0.012	290.30%	200.00%
Surgery	$2.78	0.03	$2.96	0.03	$4.82	0.04	$4.92	0.05	$2.14	0.026	76.86%	92.86%
Lab	$2.90	0.35	$2.93	0.34	$3.20	0.42	$3.56	0.43	$0.67	0.089	22.99%	25.80%
Radiology	$4.65	0.16	$5.84	0.20	$7.65	0.26	$9.48	0.32	$4.82	0.158	103.68%	98.75%
CAT Scans	$0.46	0.003	$0.38	0.003	$0.82	0.01	$0.90	0.01	$0.44	0.005	97.58%	166.67%
Ultrasound	$0.21	0.004	$0.76	0.01	$1.20	0.02	$0.98	0.02	$0.77	0.012	366.51%	300.00%
Special Tests	$0.88	0.05	$1.81	0.09	$2.51	0.11	$3.09	0.15	$2.21	0.095	250.68%	179.25%
Echocardiograph	$0.00	0.00	$0.05	0.001	$0.00	0.00	$0.09	0.001	$0.09	0.001	ERR	ERR
POST-HOSP												
Total Part B	$16.16		$18.09		$21.84		$19.84		$3.68		22.75%	
Office Visits	$3.38	0.19	$4.22	0.23	$5.25	0.27	$5.16	0.26	$1.78	0.069	52.78%	35.75%
Home Visits	$0.13	0.01	$0.01	0.001	$0.02	0.001	$0.00	0.00	($0.13)	-0.006	-100.00%	-100.00%
SNF/NH Visits	$0.07	0.01	$0.07	0.003	$0.10	0.004	$0.12	0.004	$0.04	-0.001	59.72%	-20.00%
ER Visits	$0.27	0.01	$0.57	0.02	$0.75	0.03	$0.55	0.02	$0.29	0.012	107.14%	133.33%
Consults	$0.25	0.004	$0.70	0.01	$0.71	0.01	$0.63	0.01	$0.38	0.006	151.00%	150.00%
Surgery	$3.11	0.02	$2.44	0.03	$3.77	0.03	$3.96	0.04	$0.86	0.012	27.67%	52.17%
Lab	$0.93	0.12	$1.22	0.12	$1.55	0.18	$1.35	0.14	$0.42	0.025	44.86%	21.01%
Radiology	$3.71	0.07	$3.63	0.09	$4.62	0.11	$5.36	0.12	$1.65	0.05	44.39%	72.46%
CAT Scans	$0.63	0.004	$0.67	0.01	$0.76	0.01	$0.95	0.01	$0.32	0.003	51.52%	75.00%
Ultrasound	$0.10	0.001	$0.46	0.01	$0.61	0.01	$0.55	0.01	$0.45	0.008	442.16%	800.00%
Special Tests	$0.73	0.02	$1.34	0.03	$1.69	0.05	$1.35	0.03	$0.62	0.008	84.40%	38.10%
Echocardiograph	$0.00	0.00	$0.01	0.00	$0.07	0.001	$0.08	0.001	$0.08	0.001	ERR	ERR

ALL CASES
DRG 121

	PERIOD 1 TOTAL CASES: 246		PERIOD 2 TOTAL CASES: 5563		PERIOD 3 TOTAL CASES: 7507		PERIOD 4 TOTAL CASES: 7563		PERIOD4 - PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		13.64		12.78		12.28		11.74		-1.902		-14%
Total Part B	$580.27		$573.90		$598.51		$619.01		$38.74		7%	
Hospital Visits	$269.76	11.36	$277.31	11.21	$275.04	10.79	$271.15	10.12	$1.38	-1.241	1%	-11%
ICU Visits	$67.20	1.77	$71.67	1.78	$74.48	2.34	$76.58	2.40	$9.38	0.629	14%	36%
Consults	$38.11	0.53	$38.12	0.54	$41.32	0.61	$46.67	0.72	$8.55	0.183	22%	34%
Surgery	$61.41	0.31	$70.59	0.26	$76.42	0.28	$84.65	0.29	$23.24	-0.027	38%	-9%
Catheterizations	$37.15		$48.64		$51.53		$63.74		$26.58	0	72%	
Lab	$18.82	2.27	$1.50	0.11	$1.79	0.16	$2.66	0.25	($16.17)	-2.026	-86%	-89%
Radiology	$58.74	2.92	$52.30	2.94	$54.76	3.06	$55.87	2.97	($2.87)	0.049	-5%	2%
CAT Scans	$6.21	0.06	$2.89	0.04	$3.34	0.04	$4.45	0.05	($1.76)	-0.003	-28%	-5%
Ultrasound	$3.17	0.05	$1.93	0.05	$2.26	0.05	$2.51	0.06	($0.66)	0.005	-21%	9%
Special Tests	$53.47	3.18	$45.29	2.73	$54.16	3.59	$64.04	3.95	$10.57	0.775	20%	24%
Echocardiograph	$15.04	0.22	$11.81	0.19	$16.10	0.26	$21.50	0.32	$6.46	0.103	43%	47%
Selected Cardiac	$31.67	2.68	$26.79	2.42	$31.73	3.22	$34.45	3.51	$2.78	0.829	9%	31%
Part B NEC	$12.19		$14.84		$18.50		$16.29		$4.10		34%	
PRE-HOSP												
Total Part B	$32.69		$34.90		$48.61		$53.60		$20.92		64%	
Office Visits	$3.91	0.20	$4.20	0.21	$4.69	0.23	$5.21	0.24	$1.30	0.042	33%	21%
Home Visits	$0.10	0.004	$0.26	0.01	$0.32	0.01	$0.22	0.01	$0.11	0.004	111%	100%
SNF/NH Visits	$0.06	0.004	$0.27	0.01	$0.30	0.01	$0.26	0.01	$0.19	0.008	318%	200%
ER Visits	$10.62	0.31	$11.77	0.32	$13.88	0.35	$15.57	0.39	$4.95	0.081	47%	27%
Consults	$1.06	0.02	$0.69	0.01	$0.82	0.02	$0.98	0.02	($0.08)	0	-8%	0%
Surgery	$0.34	0.02	$1.43	0.03	$3.07	0.05	$3.78	0.05	$3.44	0.026	1001%	130%
Lab	$1.32	0.11	$1.99	0.20	$1.88	0.22	$2.43	0.27	$1.11	0.164	84%	155%
Radiology	$3.20	0.17	$3.53	0.19	$4.32	0.23	$5.41	0.29	$2.20	0.118	69%	69%
CAT Scans	$0.00	0.00	$0.17	0.002	$0.21	0.002	$0.25	0.002	$0.25	0.002	53%	
Ultrasound	$0.00	0.00	$0.12	0.001	$0.25	0.003	$0.25	0.004	$0.25	0.004	109%	
Special Tests	$5.01	0.24	$5.88	0.25	$7.01	0.35	$7.77	0.39	$2.75	0.149	55%	63%
Echocardiograph	$0.67	0.01	$0.37	0.01	$0.52	0.01	$0.58	0.01	($0.09)	-0.005	-13%	-42%
POST-HOSP												
Total Part B	$22.16		$29.97		$35.64		$30.67		$8.51		2%	
Office Visits	$4.82	0.25	$5.33	0.28	$5.37	0.27	$5.27	0.26	$0.45	0.007	-1%	3%
Home Visits	$0.12	0.004	$0.40	0.02	$0.35	0.01	$0.33	0.01	$0.21	0.007	-19%	175%
SNF/NH Visits	$1.09	0.05	$1.24	0.05	$1.32	0.05	$0.99	0.04	($0.10)	-0.004	-20%	-9%
ER Visits	$0.52	0.03	$0.74	0.02	$0.74	0.02	$0.76	0.02	$0.24	-0.009	3%	-27%
Consults	$0.38	0.004	$0.81	0.01	$0.71	0.01	$0.86	0.02	$0.48	0.011	6%	275%
Surgery	$1.30	0.02	$1.72	0.01	$7.33	0.01	$4.87	0.03	$3.58	0.011	184%	55%
Lab	$2.05	0.24	$2.49	0.26	$2.63	0.32	$2.70	0.31	$0.66	0.065	9%	27%
Radiology	$1.98	0.04	$2.69	0.10	$2.71	0.11	$2.41	0.10	$0.43	0.054	-10%	132%
CAT Scans	$1.30	0.004	$0.24	0.002	$0.14	0.001	$0.20	0.002	($1.10)	-0.002	-14%	-50%
Ultrasound	$0.00	0.00	$0.07	0.002	$0.04	0.001	$0.08	0.002	$0.08	0.002	4%	
Special Tests	$2.73	0.11	$5.89	0.15	$5.93	0.16	$6.34	0.16	$3.61	0.051	8%	46%
Echocardiograph	$0.25	0.004	$0.43	0.01	$0.71	0.01	$0.71	0.01	$0.46	0.005	64%	125%

AMI
ALL CASES
DRG 122

	PERIOD 1 TOTAL CASES: 1746		PERIOD 2 TOTAL CASES: 6862		PERIOD 3 TOTAL CASES: 7796		PERIOD 4 TOTAL CASES: 7245		PERIOD4 - PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		13.02		10.69		9.83		9.42		-3.603		-28%
Total Part B	$493.88		$490.89		$493.59		$524.01		$30.13		6%	
Hospital Visits	$236.85	10.73	$231.60	9.40	$220.30	8.61	$217.94	8.05	($18.91)	-2.681	-8%	-25%
ICU Visits	$55.22	1.33	$49.42	1.28	$46.96	1.47	$53.72	1.66	($1.50)	0.334	-3%	25%
Consults	$28.43	0.42	$32.47	0.45	$33.30	0.49	$36.98	0.59	$8.55	0.173	30%	41%
Surgery	$58.84	0.19	$85.68	0.21	$94.39	0.21	$105.48	0.23	$46.64	0.045	79%	24%
Catheterizations	$42.21		$71.01		$81.16		$96.61		$54.41	0	129%	
Lab	$12.59	2.39	$0.95	0.08	$1.24	0.11	$1.82	0.17	($10.76)	-2.217	-86%	-93%
Radiology	$44.13	2.22	$41.01	1.90	$39.05	1.78	$40.45	1.76	($3.68)	-0.456	-8%	-21%
CAT Scans	$2.58	0.03	$2.72	0.03	$2.72	0.03	$3.34	0.04	$0.77	0.013	30%	48%
Ultrasound	$2.26	0.05	$1.74	0.05	$1.81	0.05	$2.13	0.05	($0.13)	0.003	-6%	6%
Special Tests	$39.22	2.59	$38.22	2.65	$45.14	3.21	$55.53	3.37	$16.31	0.781	42%	30%
Echocardiograph	$7.52	0.11	$7.62	0.13	$9.64	0.16	$14.51	0.22	$6.99	0.111	93%	103%
Selected Cardiac	$28.73	2.37	$28.30	2.46	$32.17	2.99	$33.31	3.08	$4.58	0.713	16%	30%
Part B NEC	$17.22		$10.93		$12.26		$11.62		($5.59)		-32%	
PRE-HOSP												
Total Part B	$31.68		$33.59		$44.32		$46.43		$14.75		47%	
Office Visits	$4.41	0.23	$4.70	0.24	$5.48	0.26	$5.57	0.26	$1.17	0.034	26%	15%
Home Visits	$0.26	0.01	$0.15	0.01	$0.15	0.01	$0.13	0.01	($0.13)	-0.006	-49%	-55%
SNF/NH Visits	$0.14	0.01	$0.09	0.01	$0.09	0.01	$0.10	0.01	($0.04)	-0.002	-26%	-29%
ER Visits	$7.93	0.24	$11.31	0.32	$12.61	0.34	$14.01	0.36	$6.07	0.126	77%	53%
Consults	$0.80	0.01	$0.81	0.01	$1.07	0.02	$1.18	0.02	$0.38	0.006	48%	50%
Surgery	$1.64	0.02	$1.39	0.03	$1.57	0.02	$2.48	0.03	$0.83	0.008	51%	35%
Lab	$2.38	0.23	$1.52	0.17	$1.78	0.21	$2.06	0.23	($0.32)	-0.001	-13%	0%
Radiology	$2.57	0.14	$3.09	0.15	$3.76	0.18	$4.47	0.22	$1.91	0.079	74%	55%
CAT Scans	$0.09	0.001	$0.11	0.001	$0.30	0.003	$0.23	0.002	$0.14	0.001	105%	100%
Ultrasound	$0.00	0.00	$0.13	0.002	$0.14	0.002	$0.22	0.003	$0.22	0.003	62%	
Special Tests	$5.50	0.25	$6.61	0.28	$8.47	0.40	$8.52	0.39	$3.02	0.142	55%	57%
Echocardiograph	$0.35	0.003	$0.15	0.002	$0.27	0.004	$0.45	0.005	$0.10	0.002	29%	67%
POST-HOSP												
Total Part B	$15.51		$32.81		$37.23		$39.05		$23.54		19%	
Office Visits	$3.76	0.21	$5.35	0.29	$5.26	0.28	$5.33	0.27	$1.57	0.055	-1%	26%
Home Visits	$0.25	0.01	$0.18	0.01	$0.15	0.01	$0.10	0.00	($0.15)	-0.006	-46%	-67%
SNF/NH Visits	$0.34	0.02	$0.40	0.02	$0.51	0.02	$0.35	0.01	$0.00	-0.003	-15%	-18%
ER Visits	$0.37	0.01	$0.70	0.02	$0.59	0.02	$0.66	0.02	$0.29	0.008	-6%	62%
Consults	$0.24	0.003	$0.70	0.01	$0.90	0.01	$1.13	0.02	$0.90	0.015	61%	500%
Surgery	$0.02	0.001	$6.33	0.02	$10.17	0.02	$11.28	0.03	$11.26	0.024	78%	2400%
Lab	$1.33	0.15	$1.36	0.15	$1.14	0.15	$1.26	0.16	($0.07)	0.016	-7%	11%
Radiology	$1.97	0.06	$2.36	0.08	$2.77	0.09	$2.78	0.09	$0.81	0.029	18%	45%
CAT Scans	$0.00	0.00	$0.18	0.002	$0.24	0.002	$0.07	0.001	$0.07	0.001	-63%	
Ultrasound	$0.02	0.001	$0.10	0.002	$0.09	0.002	$0.12	0.003	$0.10	0.002	19%	200%
Special Tests	$4.28	0.12	$6.55	0.16	$8.11	0.19	$8.94	0.19	$4.67	0.069	37%	59%
Echocardiograph	$0.15	0.00	$0.35	0.01	$0.50	0.01	$0.96	0.01	$0.81	0.008	174%	400%

AMI
ALL CASES
DRG 123

	PERIOD 1 TOTAL CASES: 493		PERIOD 2 TOTAL CASES: 3250		PERIOD 3 TOTAL CASES: 4109		PERIOD 4 TOTAL CASES: 3809		PERIOD4 - PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		6.21		5.98		5.59		5.71		-0.497		-8%
Total Part B	$384.32		$426.52		$436.79		$461.54		$77.21		20%	
Hospital Visits	$109.80	4.20	$129.41	4.61	$126.08	4.26	$129.17	4.12	$19.37	-0.077	18%	-2%
ICU Visits	$57.92	1.23	$66.37	1.36	$68.00	1.88	$74.34	2.06	$16.42	0.834	28%	68%
Consults	$30.88	0.43	$37.59	0.51	$40.80	0.55	$44.58	0.63	$13.70	0.2072	44%	49%
Surgery	$90.95	0.51	$106.00	0.53	$107.60	0.57	$107.10	0.56	$16.15	0.051	18%	10%
Catheterizations	$32.76		$49.34		$52.47		$56.38		$23.62	0	72%	
Lab	$11.32	2.16	$0.84	0.07	$1.21	0.13	$1.27	0.15	($10.05)	-2.0086	-89%	-93%
Radiology	$30.05	2.11	$36.13	2.52	$36.93	2.52	$39.38	2.65	$9.33	0.537	31%	25%
CAT Scans	$1.94	0.03	$2.86	0.04	$3.09	0.04	$4.09	0.05	$2.15	0.026	111%	100%
Ultrasound	$1.54	0.03	$1.33	0.03	$1.67	0.04	$1.68	0.04	$0.14	0.0035	9%	10%
Special Tests	$29.21	1.85	$34.71	2.08	$39.32	2.51	$46.22	2.87	$17.01	1.012	58%	55%
Echocardiograph	$3.45	0.05	$5.91	0.10	$7.89	0.13	$10.57	0.16	$7.12	0.1137	207%	232%
Selected Cardiac	$14.52	1.53	$16.16	1.73	$18.22	2.13	$20.74	2.45	$6.22	0.923	43%	60%
Part B NEC	$24.02		$13.70		$16.27		$17.21		($6.81)		-28%	
PRE-HOSP												
Total Part B	$30.81		$39.03		$50.78		$51.71		$20.90		68%	
Office Visits	$3.11	0.18	$3.55	0.18	$4.12	0.21	$4.23	0.20	$1.13	0.026	36%	15%
Home Visits	$0.29	0.01	$0.35	0.01	$0.36	0.01	$0.38	0.01	$0.09	0.001	32%	8%
SNF/NH Visits	$0.39	0.02	$0.46	0.02	$0.44	0.03	$0.38	0.02	($0.00)	-0.001	-1%	-5%
ER Visits	$9.53	0.27	$12.20	0.34	$14.09	0.36	$14.82	0.36	$5.29	0.085	56%	31%
Consults	$0.65	0.01	$0.91	0.01	$1.03	0.02	$1.16	0.02	$0.51	0.0106	78%	133%
Surgery	$1.70	0.03	$4.26	0.06	$5.36	0.08	$5.82	0.10	$4.12	0.067	243%	223%
Lab	$1.70	0.15	$1.76	0.17	$1.91	0.23	$1.98	0.22	$0.28	0.073	17%	50%
Radiology	$2.20	0.12	$3.04	0.18	$3.62	0.22	$3.76	0.23	$1.56	0.102	71%	82%
CAT Scans	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
Ultrasound	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
Special Tests	$3.52	0.18	$5.19	0.23	$6.41	0.31	$6.71	0.30	$3.19	0.1267	91%	72%
Echocardiograph	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
POST-HOSP												
Total Part B	$0.00		$0.00		$0.00		$0.00		$0.00		0%	
Office Visits	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
Home Visits	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
SNF/NH Visits	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
ER Visits	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
Consults	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
Surgery	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
Lab	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
Radiology	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
CAT Scans	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
Ultrasound	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
Special Tests	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%
Echocardiograph	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0.00	$0.00	0	0%	0%

AMI
ALL CASES
DRG 129

	PERIOD 1 TOTAL CASES: 192		PERIOD 2 TOTAL CASES: 713		PERIOD 3 TOTAL CASES: 796		PERIOD 4 TOTAL CASES: 555		PERIOD4 - PERIOD1		PERCENTAGE CHANGE	
	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS	EXP	NOS
INPATIENT												
Length of Stay		7.53		7.25		6.26		6.38		-1.144		-15%
Total Part B	$407.62		$432.26		$404.82		$458.52		$50.90		12%	
Hospital Visits	$144.73	5.78	$159.81	5.77	$141.25	4.88	$161.28	5.17	$16.55	-0.615	11%	-11%
ICU Visits	$50.28	1.14	$66.74	1.44	$61.26	1.44	$78.93	2.13	$28.65	0.997	57%	88%
Consults	$35.10	0.47	$43.94	0.60	$42.69	0.57	$51.69	0.65	$16.60	0.175	47%	37%
Surgery	$58.15	0.37	$64.98	0.39	$57.69	0.42	$61.15	0.47	$2.99	0.095	5%	26%
Catheterizations	$17.51		$20.13		$19.37		$20.41		$2.91	0	17%	
Lab	$15.09	3.05	$2.76	0.55	$1.33	0.19	$2.22	0.18	($12.87)	-2.872	-85%	-94%
Radiology	$42.77	2.47	$39.63	2.65	$38.87	2.55	$39.66	2.60	($3.11)	0.131	-7%	5%
CAT Scans	$9.06	0.14	$8.82	0.13	$9.71	0.13	$10.24	0.14	$1.18	0.006	13%	4%
Ultrasound	$2.24	0.05	$1.33	0.03	$1.08	0.03	$1.51	0.03	($0.73)	-0.018	-33%	-35%
Special Tests	$42.21	1.95	$38.06	1.87	$36.75	1.99	$37.34	2.09	($4.87)	0.146	-12%	7%
Echocardiograph	$2.55	0.04	$2.66	0.05	$2.80	0.05	$5.86	0.10	$3.31	0.053	130%	126%
Selected Cardiac	$18.04	1.54	$13.74	1.37	$13.84	1.47	$13.86	1.57	($4.18)	0.026	-23%	2%
Part B NEC	$18.50		$14.14		$22.49		$25.63		$7.13		39%	
PRE-HOSP												
Total Part B	$53.34		$48.82		$72.25		$77.41		$24.07		45%	
Office Visits	$2.65	0.14	$2.96	0.15	$3.29	0.16	$3.56	0.17	$0.92	0.034	35%	25%
Home Visits	$0.39	0.02	$0.24	0.01	$0.36	0.01	$0.50	0.02	$0.11	0	28%	0%
SNF/NH Visits	$0.13	0.01	$0.46	0.02	$0.59	0.03	$0.68	0.03	$0.55	0.029	419%	550%
ER Visits	$11.08	0.29	$12.03	0.31	$14.35	0.31	$13.06	0.28	$1.98	-0.005	18%	-2%
Consults	$0.25	0.01	$0.79	0.01	$1.26	0.02	$1.63	0.02	$1.38	0.017	543%	340%
Surgery	$8.32	0.10	$7.17	0.13	$11.32	0.18	$15.07	0.18	$6.75	0.079	81%	80%
Lab	$2.35	0.19	$2.40	0.23	$2.61	0.25	$3.06	0.33	$0.71	0.135	30%	70%
Radiology	$4.08	0.23	$4.42	0.19	$4.74	0.27	$7.36	0.31	$3.28	0.076	80%	33%
CAT Scans	$0.78	0.01	$1.25	0.01	$0.63	0.01	$1.66	0.02	$0.88	0.006	33%	60%
Ultrasound	$0.00	0.00	$0.20	0.01	$0.20	0.003	$0.42	0.004	$0.42	0.004	109%	
Special Tests	$7.48	0.19	$8.67	0.25	$11.90	0.34	$10.44	0.29	$2.96	0.095	40%	49%
Echocardiograph	$0.00	0.00	$0.00	0.00	$0.15	0.004	$0.00	0.00	$0.00	0		0%
POST-HOSP												
Total Part B	$8.97		$10.77		$7.67		$13.77		$4.80		28%	
Office Visits	$0.53	0.03	$1.20	0.06	$0.85	0.04	$0.66	0.03	$0.12	0.008	-46%	31%
Home Visits	$0.00	0.00	$0.00	0.00	$0.06	0.003	$0.05	0.00	$0.05	0.002		
SNF/NH Visits	$0.26	0.01	$0.72	0.02	$1.17	0.07	$0.58	0.03	$0.32	0.02	-19%	400%
ER Visits	$0.14	0.01	$0.03	0.00	$0.21	0.004	$0.40	0.01	$0.26	0.004	1174%	80%
Consults	$0.00	0.00	$0.38	0.01	$0.32	0.004	$0.91	0.02	$0.91	0.02	143%	
Surgery	$0.00	0.00	$1.06	0.01	$0.37	0.003	$0.26	0.01	$0.26	0.007	-76%	
Lab	$2.08	0.18	$0.76	0.08	$0.56	0.06	$0.87	0.10	($1.21)	-0.085	14%	-47%
Radiology	$0.22	0.01	$1.09	0.04	$0.65	0.02	$0.75	0.04	$0.53	0.026	-31%	260%
CAT Scans	$0.00	0.00	$0.19	0.003	$0.24	0.003	$0.17	0.002	$0.17	0.002	-9%	
Ultrasound	$0.00	0.00	$0.06	0.001	$0.05	0.001	$0.00	0.00	$0.00	0	-100%	
Special Tests	$2.41	0.06	$2.64	0.08	$1.72	0.05	$4.07	0.08	$1.66	0.014	54%	22%
Echocardiograph	$0.00	0.00	$0.07	0.00	$0.11	0.001	$0.25	0.004	$0.25	0.004	266%	

CHOLECYSTECTOMY
EXP FOR
ALL CASES
DRG 195

	PERIOD 1 174 CASES	PERIOD 2 1308 CASES	PERIOD 3 1497 CASES	PERIOD 4 1584 CASES	PERIOD 4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Total Part B	$1,869.29	$1,894.93	$1,883.50	$1,885.97	$16.68	1%
Hospital Visits	$220.30	$211.03	$202.31	$196.92	($23.38)	-11%
ICU Visits	$14.65	$14.04	$14.43	$13.67	($0.98)	-7%
Consults	$45.26	$47.59	$46.80	$44.32	($0.94)	-2%
Surgery	$1,056.39	$1,104.26	$1,096.40	$1,090.93	$34.54	3%
Assistant Surgery	$98.77	$104.04	$110.59	$106.24	$7.47	8%
Anesthesia	$244.46	$274.35	$266.54	$268.84	$24.39	10%
Lab	$41.25	$26.65	$31.83	$36.88	($4.37)	-11%
Surgical Pathology	$11.85	$25.10	$30.60	$35.16	$23.31	197%
Radiology	$152.32	$138.04	$133.41	$139.06	($13.25)	-9%
CAT Scans	$14.17	$13.05	$13.64	$17.70	$3.53	25%
Ultrasound	$27.75	$25.27	$23.36	$25.84	($1.91)	-7%
Special Tests	$22.88	$12.75	$15.77	$15.36	($7.52)	-33%
Selected Cardiac	$10.37	$8.81	$10.59	$11.12	$0.75	7%
Part B NEC	$15.71	$13.08	$13.08	$12.44	($3.26)	-21%
PRE-HOSP						
Total Part B	$37.24	$44.60	$58.00	$67.69	$30.45	82%
Office Visits	$6.68	$7.17	$9.25	$8.83	$2.15	32%
Home Visits	$0.57	$0.35	$0.25	$0.39	($0.19)	-33%
SNF/NH Visits	$0.07	$0.41	$0.41	$0.42	$0.36	530%
ER Visits	$5.40	$6.48	$8.05	$11.07	$5.67	105%
Consults	$1.48	$1.50	$1.92	$2.57	$1.09	73%
Surgery	$0.37	$2.69	$4.58	$4.24	$3.88	1063%
Anesthesia	$1.73	$0.09	$0.60	$1.02	($0.71)	-41%
Lab	$5.82	$5.38	$6.11	$8.76	$2.94	51%
Radiology	$10.17	$15.53	$17.71	$21.76	$11.58	114%
CAT Scans	$0.00	$0.95	$2.02	$2.65	$2.65	ERR
Ultrasound	$3.68	$6.16	$6.79	$8.57	$4.90	133%
Special Tests	$2.81	$2.24	$3.53	$3.66	$0.85	30%
POST-HOSP						
Total Part B	$9.61	$13.62	$15.48	$12.28	$2.67	28%
Office Visits	$0.65	$2.23	$2.40	$1.91	$1.26	196%
Home Visits	$0.93	$0.12	$0.06	$0.13	($0.80)	-86%
SNF/NH Visits	$0.35	$1.06	$1.44	$0.59	$0.24	70%
ER Visits	$0.24	$0.22	$0.40	$0.32	$0.08	33%
Consults	$0.98	$0.35	$0.30	$0.13	($0.85)	-87%
Surgery	$0.26	$0.38	$0.47	$0.46	$0.20	78%
Anesthesia	$0.00	$0.00	$0.63	$0.15	$0.15	ERR
Lab	$1.88	$1.80	$1.88	$1.48	($0.40)	-21%
Radiology	$0.80	$4.10	$4.94	$4.93	$4.13	518%
CAT Scans	$0.00	$0.21	$0.19	$0.28	$0.28	ERR
Ultrasound	$0.00	$0.11	$0.04	$0.04	$0.04	ERR
Special Tests	$0.27	$0.43	$0.48	$0.42	$0.15	56%

CHOLECYSTECTOMY
HOS FOR
ALL CASES
DRG 195

	PERIOD 1 174 CASES	PERIOD 2 1308 CASES	PERIOD 3 1497 CASES	PERIOD 4 1584 CASES	PERIOD4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Length of Stay	20.52	15.24	14.11	13.78	-6.744	-33%
Hospital Visits	9.72	8.69	8.06	7.50	-2.224	-23%
ICU Visits	0.49	0.38	0.48	0.42	-0.075	-15%
Consults	0.71	0.73	0.70	0.68	-0.029	-4%
Surgery	1.40	1.46	1.50	1.47	0.066	5%
Lab	4.95	1.01	1.20	1.23	-3.718	-75%
Surgical Pathology	0.43	0.89	1.09	1.10	0.671	156%
Radiology	5.68	5.35	5.26	5.23	-0.459	-8%
CAT Scans	0.12	0.14	0.16	0.20	0.077	64%
Ultrasound	0.52	0.55	0.52	0.56	0.035	7%
Special Tests	1.72	1.09	1.39	1.34	-0.381	-22%
Selected Cardiac	1.08	0.95	1.24	1.23	0.145	13%
PRE-HOSP						
Office Visits	0.33	0.32	0.41	0.39	0.058	17%
Home Visits	0.02	0.01	0.01	0.01	-0.01	-43%
SNF/NH Visits	0.01	0.02	0.02	0.02	0.01	167%
ER Visits	0.16	0.20	0.24	0.28	0.122	76%
Consults	0.02	0.02	0.04	0.04	0.019	83%
Surgery	0.01	0.02	0.06	0.05	0.048	800%
Anesthesia	0.01	0.001	0.003	0.01	-0.001	-17%
Lab	0.48	0.50	0.63	0.78	0.298	62%
Radiology	0.29	0.37	0.49	0.57	0.273	93%
CAT Scans	0.00	0.01	0.02	0.02	0.021	ERR
Ultrasound	0.06	0.09	0.11	0.13	0.065	103%
Special Tests	0.09	0.11	0.18	0.23	0.141	164%
POST-HOSP						
Office Visits	0.03	0.12	0.13	0.10	0.066	194%
Home Visits	0.03	0.01	0.002	0.004	-0.03	-88%
SNF/NH Visits	0.01	0.04	0.07	0.02	0.017	283%
ER Visits	0.01	0.01	0.02	0.01	0.004	67%
Consults	0.01	0.01	0.01	0.003	-0.008	-73%
Surgery	0.01	0.01	0.02	0.02	0.005	45%
Anesthesia	0.00	0.00	0.003	0.001	0.001	ERR
Lab	0.20	0.20	0.22	0.17	-0.034	-17%
Radiology	0.03	0.11	0.16	0.13	0.096	282%
CAT Scans	0.00	0.002	0.003	0.003	0.003	ERR
Ultrasound	0.00	0.002	0.001	0.001	0.001	ERR
Special Tests	0.02	0.02	0.02	0.02	-0.003	-13%

CHOLECYSTECTOMY
EXP FOR
ALL CASES
DRG 196

	PERIOD 1 50 CASES	PERIOD 2 100 CASES	PERIOD 3 105 CASES	PERIOD 4 76 CASES	PERIOD4 -PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Total Part B	$1,669.47	$1,611.51	$1,517.74	$1,622.82	($46.64)	-3%
Hospital Visits	$156.08	$119.66	$93.00	$97.19	($58.90)	-38%
ICU Visits	$11.82	$4.28	$0.00	$4.88	($6.94)	-59%
Consults	$23.90	$26.26	$19.01	$18.27	($5.63)	-24%
Surgery	$1,000.46	$1,032.14	$959.08	$1,041.64	$41.18	4%
Assistant Surgery	$112.37	$86.31	$112.87	$96.23	($16.14)	-14%
Anesthesia	$220.46	$250.78	$231.14	$254.69	$34.24	16%
Lab	$38.41	$26.49	$32.44	$40.41	$2.00	5%
Surgical Pathology	$9.06	$24.98	$31.80	$38.50	$29.44	325%
Radiology	$118.18	$99.00	$88.17	$102.79	($15.39)	-13%
CAT Scans	$5.23	$8.46	$6.19	$14.07	$8.84	169%
Ultrasound	$29.38	$19.92	$15.82	$16.45	($12.93)	-44%
Special Tests	$17.29	$15.54	$8.90	$6.86	($10.43)	-60%
Selected Cardiac	$7.58	$8.87	$7.76	$6.63	($0.95)	-13%
Part B NEC	$6.93	$2.09	$3.29	$3.60	($3.33)	-48%
PRE-HOSP						
Total Part B	$25.39	$36.77	$65.83	$65.74	$40.35	159%
Office Visits	$4.98	$8.02	$10.11	$10.89	$5.92	119%
Home Visits	$0.00	$0.00	$0.00	$0.00	$0.00	ERR
SNF/NH Visits	$0.00	$0.00	$0.00	$0.00	$0.00	ERR
ER Visits	$4.45	$4.67	$4.77	$6.53	$2.08	47%
Consults	$0.00	$1.29	$2.02	$2.09	$2.09	ERR
Surgery	$1.98	$2.50	$8.19	$7.05	$5.07	256%
Anesthesia	$0.00	$0.00	$0.00	$0.00	$0.00	ERR
Lab	$1.62	$6.78	$9.93	$6.25	$4.64	287%
Radiology	$3.81	$9.06	$25.33	$26.91	$23.09	606%
CAT Scans	$0.00	$0.90	$1.10	$2.43	$2.43	ERR
Ultrasound	$0.00	$2.36	$7.45	$12.59	$12.59	ERR
Special Tests	$5.53	$1.82	$4.13	$2.10	($3.43)	-62%
POST-HOSP						
Total Part B	$3.39	$10.77	$29.73	$14.44	$11.05	326%
Office Visits	$1.67	$1.58	$2.14	$1.12	($0.55)	-33%
Home Visits	$0.00	$0.00	$0.00	$0.00	$0.00	ERR
SNF/NH Visits	$0.00	$0.43	$0.00	$0.59	$0.59	ERR
ER Visits	$0.34	$0.55	$0.62	$0.58	$0.24	70%
Consults	$0.00	$0.00	$0.82	$1.12	$1.12	ERR
Surgery	$0.00	$0.30	$10.20	$0.66	$0.66	ERR
Anesthesia	$0.00	$0.00	$1.62	$0.00	$0.00	ERR
Lab	$0.40	$1.60	$2.21	$0.39	($0.01)	-3%
Radiology	$0.58	$4.82	$6.85	$7.05	$6.47	1115%
CAT Scans	$0.00	$0.00	$1.64	$0.00	$0.00	ERR
Ultrasound	$0.00	$0.48	$0.00	$0.00	$0.00	ERR
Special Tests	$0.00	$0.29	$0.67	$0.08	$0.08	ERR

CHOLECYSTECTOMY
MOS FOR
ALL CASES
DRG 196

	PERIOD 1 50 CASES	PERIOD 2 100 CASES	PERIOD 3 105 CASES	PERIOD 4 76 CASES	PERIOD4 - PERIOD 1	PERCENTAGE CHANGE
INPATIENT						
Length of Stay	15.10	13.04	10.16	9.97	-5.126	-34%
Hospital Visits	7.02	4.84	3.54	3.29	-3.731	-53%
ICU Visits	0.22	0.11	0.00	0.08	-0.141	-64%
Consults	0.42	0.43	0.28	0.26	-0.157	-37%
Surgery	1.24	1.32	1.17	1.34	0.102	8%
Lab	5.74	0.89	1.02	1.29	-4.451	-78%
Surgical Pathology	0.36	0.83	0.99	1.17	0.811	225%
Radiology	4.58	3.94	3.52	3.49	-1.093	-24%
CAT Scans	0.08	0.11	0.07	0.15	0.065	81%
Ultrasound	0.58	0.46	0.38	0.33	-0.251	-43%
Special Tests	1.26	0.90	0.86	0.91	-0.352	-28%
Selected Cardiac	0.96	0.82	0.82	0.90	-0.065	-7%
PRE-HOSP						
Office Visits	0.28	0.40	0.45	0.50	0.22	79%
Home Visits	0.00	0.00	0.00	0.00	0	ERR
SNF/NH Visits	0.00	0.00	0.00	0.00	0	ERR
ER Visits	0.16	0.17	0.12	0.18	0.024	15%
Consults	0.00	0.02	0.05	0.04	0.039	ERR
Surgery	0.02	0.01	0.04	0.03	0.006	30%
Anesthesia	0.00	0.00	0.00	0.00	0	ERR
Lab	0.20	0.58	1.00	0.50	0.3	150%
Radiology	0.22	0.29	0.61	0.65	0.425	193%
CAT Scans	0.00	0.01	0.01	0.03	0.026	ERR
Ultrasound	0.00	0.05	0.12	0.18	0.184	ERR
Special Tests	0.18	0.08	0.21	0.13	-0.048	-27%
POST-HOSP						
Office Visits	0.12	0.10	0.11	0.05	-0.067	-56%
Home Visits	0.00	0.00	0.00	0.00	0	ERR
SNF/NH Visits	0.00	0.01	0.00	0.04	0.039	ERR
ER Visits	0.02	0.02	0.02	0.01	-0.007	-35%
Consults	0.00	0.00	0.02	0.01	0.013	ERR
Surgery	0.00	0.02	0.03	0.01	0.013	ERR
Anesthesia	0.00	0.00	0.01	0.00	0	ERR
Lab	0.04	0.13	0.21	0.03	-0.014	-35%
Radiology	0.02	0.16	0.20	0.21	0.191	955%
CAT Scans	0.00	0.00	0.02	0.00	0	ERR
Ultrasound	0.00	0.01	0.00	0.00	0	ERR
Special Tests	0.00	0.02	0.04	0.01	0.013	ERR

APPENDIX D

EXPENDITURES AND VOLUMES FOR POSITIVE CASES BY DRG

PROSTATECTOMY
POSITIVE CASES
DRG 306

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		10.75	100.00%		9.49	100.00%		8.23	100.00%		8.59
Total Part B	93.84%	$1,380.01		96.73%	$1,466.39		97.86%	$1,396.30		97.93%	$1,493.89	
Hospital Visits	63.01%	$186.65	8.62	65.26%	$186.02	7.72	64.73%	$169.92	6.75	64.09%	$200.15	7.52
ICU Visits	0.68%	$114.40	8.00	2.58%	$87.96	2.47	2.09%	$116.07	3.51	2.30%	$203.08	5.17
Consults	39.73%	$78.14	1.26	41.10%	$81.95	1.30	31.43%	$86.06	1.40	32.85%	$96.43	1.51
Surgery	90.41%	$1,027.64	1.53	93.64%	$1,098.41	1.56	93.62%	$1,082.58	1.52	93.49%	$1,121.39	1.58
Assistant Surgery	2.74%	$308.26		1.98%	$194.49		1.07%	$188.03		1.30%	$135.36	
Anesthesia	99.32%	$157.85		100.00%	$174.73		98.81%	$167.32		99.62%	$176.89	
Lab	34.93%	$67.47	7.26	71.54%	$41.16	1.30	80.42%	$42.78	1.28	77.18%	$51.66	1.38
Surgical Pathology	31.51%	$44.87	1.17	70.08%	$40.17	1.18	80.02%	$41.54	1.19	76.65%	$50.00	1.26
Radiology	65.75%	$79.06	2.93	71.54%	$62.55	2.59	64.73%	$61.18	2.42	65.70%	$72.14	2.63
CAT Scans	6.16%	$89.75	1.11	4.73%	$105.16	1.18	5.76%	$112.78	1.28	8.04%	$112.29	1.31
Ultrasound	6.16%	$45.94	1.00	7.31%	$53.60	1.13	6.15%	$49.13	1.06	8.81%	$53.36	1.15
Special Tests	58.90%	$20.51	1.50	48.84%	$19.29	1.42	49.77%	$16.06	1.43	58.81%	$18.51	1.48
Selected Cardiac	57.53%	$15.34	1.33	46.69%	$14.24	1.33	48.93%	$12.40	1.33	57.81%	$12.29	1.35
Part B NEC	8.90%	$38.90		5.25%	$160.37		5.59%	$86.81		7.81%	$124.75	
PRE-HOSP												
Total Part B	50.00%	$82.67		58.73%	$77.02		70.37%	$100.14		77.72%	$108.10	
Office Visits	26.03%	$27.94	1.26	32.07%	$28.63	1.26	37.64%	$28.56	1.29	40.12%	$29.52	1.26
Home Visits	0.00%	$0.00	0	0.17%	$25.00	1.00	0.23%	$31.35	1.25	0.84%	$34.66	1.09
SNF/NH Visits	0.00%	$0.00	0	0.77%	$26.34	1.22	1.24%	$22.65	1.32	0.92%	$26.50	1.17
ER Visits	7.53%	$35.45	1.09	9.63%	$32.90	1.13	11.40%	$36.21	1.12	14.78%	$37.18	1.12
Consults	4.79%	$50.36	1.00	3.27%	$52.49	1.03	4.51%	$50.45	1.04	5.74%	$55.80	1.13
Surgery	12.33%	$71.62	1.06	13.16%	$74.56	1.14	17.04%	$117.78	1.21	19.22%	$119.02	1.18
Anesthesia	0.00%	$0.00	0	0.17%	$60.20	1.00	0.90%	$160.29	1.38	1.76%	$132.52	1.13
Lab	28.77%	$21.01	2.14	28.80%	$21.69	2.27	38.77%	$27.71	2.43	44.49%	$30.84	2.53
Radiology	15.75%	$72.35	1.52	18.92%	$55.76	1.30	26.07%	$53.93	1.41	30.93%	$52.68	1.46
CAT Scans	0.00%	$0.00	0	0.60%	$155.63	1.00	0.40%	$144.46	1.14	0.61%	$100.55	1.00
Ultrasound	0.68%	$25.25	1.00	0.60%	$87.22	1.00	1.19%	$67.03	1.10	1.68%	$104.95	1.09
Special Tests	6.16%	$24.87	1.00	10.15%	$26.58	1.11	19.07%	$22.55	1.15	20.83%	$24.45	1.13
POST-HOSP												
Total Part B	19.18%	$48.61		22.96%	$46.06		20.54%	$49.69		22.21%	$71.13	
Office Visits	8.90%	$19.41	1.08	9.20%	$21.26	1.21	9.37%	$18.67	1.08	9.26%	$20.97	1.05
Home Visits	0.00%	$0.00	0	0.26%	$33.90	1.00	0.28%	$30.39	1.00	0.38%	$44.56	1.43
SNF/NH Visits	1.37%	$44.45	1.50	1.20%	$32.41	1.36	1.53%	$27.49	1.21	1.76%	$30.32	1.17
ER Visits	0.68%	$17.25	1.00	0.95%	$30.46	1.00	1.07%	$28.76	1.26	1.76%	$28.21	1.13
Consults	1.37%	$61.00	1.00	0.52%	$61.87	1.00	0.56%	$67.63	1.10	0.69%	$92.42	1.44
Surgery	0.68%	$25.00	2.00	1.03%	$177.32	1.33	1.41%	$52.42	1.28	1.99%	$259.84	1.54
Anesthesia	0.00%	$0.00	0	0.26%	$125.93	1.00	0.06%	$116.20	1.00	0.31%	$171.73	1.25
Lab	7.53%	$31.88	2.09	9.03%	$15.95	1.82	9.93%	$16.52	1.95	10.26%	$17.06	1.71
Radiology	1.37%	$95.00	1.00	2.41%	$63.00	1.71	2.54%	$142.07	2.84	3.45%	$82.55	2.22
CAT Scans	0.68%	$80.00	1.00	0.17%	$99.35	1.00	0.34%	$177.26	1.17	0.61%	$124.43	1.25
Ultrasound	0.68%	$110.00	1.00	0.17%	$54.60	1.00	0.00%	$0.00	0	0.23%	$49.08	1.00
Special Tests	0.68%	$30.00	2.00	1.38%	$35.06	1.19	0.90%	$35.19	1.06	1.23%	$22.05	1.38

PROSTATECTOMY
POSITIVE CASES
DRG 307

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		7.93	100.00%		7.58	100.00%		6.12	100.00%		6.30
Total Part B	83.33%	$1,133.29		94.30%	$1,255.20		95.24%	$1,224.21		97.44%	$1,258.88	
Hospital Visits	33.33%	$119.15	6.00	45.57%	$151.19	6.47	50.48%	$103.94	3.46	47.86%	$134.95	4.71
ICU Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
Consults	23.33%	$94.61	1.71	24.05%	$77.81	1.32	18.57%	$68.56	1.08	12.82%	$69.27	1.07
Surgery	76.67%	$970.08	1.52	89.87%	$1,002.15	1.46	90.00%	$1,021.18	1.38	89.74%	$1,054.93	1.34
Assistant Surgery	3.33%	$109.22		0.63%	$353.20		1.43%	$124.76		3.42%	$332.62	
Anesthesia	93.33%	$133.70		100.00%	$161.77		97.62%	$156.25		95.73%	$158.36	
Lab	36.67%	$36.90	3.27	65.82%	$44.65	1.30	77.62%	$40.18	1.21	68.38%	$46.64	1.31
Surgical Pathology	23.33%	$39.36	1.00	65.19%	$43.35	1.24	77.62%	$39.12	1.117	68.38%	$45.99	1.28
Radiology	50.00%	$35.11	1.93	60.13%	$56.30	2.24	52.86%	$47.94	1.86	57.26%	$54.43	1.97
CAT Scans	0.00%	$0.00	0	2.53%	$82.85	1.00	2.86%	$104.02	1.17	5.13%	$92.93	1.17
Ultrasound	3.33%	$42.00	1.00	3.16%	$40.54	1.00	4.76%	$44.96	1.3	5.13%	$42.03	1.00
Special Tests	43.33%	$10.97	1.08	41.14%	$17.69	1.26	41.43%	$11.52	1.13	46.15%	$11.31	1.17
Selected Cardiac	43.33%	$10.70	1.00	39.87%	$10.92	1.14	40.48%	$9.30	1.059	46.15%	$9.74	1.11
Part B NEC	3.33%	$111.00		3.16%	$51.09		2.38%	$121.57		2.56%	$14.20	
PRE-HOSP												
Total Part B	46.67%	$84.33		56.33%	$79.78		65.71%	$97.34		73.50%	$106.82	
Office Visits	30.00%	$23.96	1.22	29.11%	$24.88	1.13	34.76%	$26.61	1.26	37.61%	$26.98	1.27
Home Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
SNF/NH Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.85%	$30.00	1.00
ER Visits	3.33%	$19.60	1.00	4.43%	$36.28	1.14	6.67%	$45.44	1.143	6.84%	$26.81	1.00
Consults	3.33%	$52.40	1.00	1.90%	$55.77	1.00	1.90%	$49.93	1	6.84%	$60.23	1.13
Surgery	10.00%	$58.63	1.33	15.82%	$101.16	1.20	20.48%	$93.98	1.047	15.38%	$124.96	1.22
Anesthesia	0.00%	$0.00	0	0.00%	$0.00	0	1.90%	$121.86	1	3.42%	$92.50	1.00
Lab	26.67%	$37.81	3.50	31.01%	$22.65	2.10	36.19%	$27.74	2.368	41.03%	$39.50	2.77
Radiology	20.00%	$64.20	1.33	17.72%	$50.66	1.36	25.71%	$55.19	1.333	33.33%	$47.56	1.31
CAT Scans	0.00%	$0.00	0	0.00%	$0.00	0	0.48%	$208.60	2	0.85%	$216.00	2.00
Ultrasound	0.00%	$0.00	0	0.63%	$129.00	1.00	0.00%	$0.00	0.00	0.85%	$40.00	1.00
Special Tests	6.67%	$14.75	1.00	14.56%	$18.60	1.04	17.14%	$19.54	1.028	22.22%	$28.13	1.23
POST-HOSP												
Total Part B	26.67%	$66.98		14.56%	$60.55		20.00%	$44.26		18.80%	$77.20	
Office Visits	6.67%	$12.30	1.00	8.23%	$25.12	1.23	10.48%	$21.46	1.09	7.69%	$17.70	1.00
Home Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
SNF/NH Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.95%	$18.25	1	0.00%	$0.00	0
ER Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.95%	$24.50	1	0.85%	$15.50	1.00
Consults	3.33%	$32.00	1.00	1.27%	$72.50	1.00	0.00%	$0.00	0	0.00%	$0.00	0
Surgery	3.33%	$30.00	1.00	0.63%	$55.00	1.00	1.90%	$21.76	1.75	4.27%	$229.00	5.20
Anesthesia	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
Lab	13.33%	$32.66	1.75	8.23%	$19.30	1.46	9.52%	$13.98	1.45	11.11%	$16.39	1.62
Radiology	6.67%	$148.00	5.00	1.90%	$132.03	3.67	2.38%	$103.01	2.80	0.85%	$-3.20	3.00
CAT Scans	0.00%	$0.00	0	0.63%	$199.20	2.00	0.00%	$0.00	0	0.00%	$0.00	0
Ultrasound	0.00%	$0.00	0	0.63%	$49.00	1.00	0.00%	$0.00	0	0.00%	$0.00	0
Special Tests	3.33%	$12.60	1.00	0.63%	$30.00	1.00	0.95%	$82.75	1.00	2.56%	$15.63	1.33

PROSTATECTOMY
POSITIVE CASES
DRG 336

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		9.76	100.00%		8.25	100.00%		7.45	100.00%		7.02
Total Part B	91.12%	$1,384.13		95.20%	$1,407.18		96.65%	$1,392.93		97.24%	$1,387.35	
Hospital Visits	55.84%	$171.94	7.80	56.41%	$150.61	6.04	56.00%	$140.49	5.37	53.32%	$133.67	4.82
ICU Visits	1.32%	$147.28	3.41	1.33%	$129.24	3.17	1.35%	$96.14	2.89	1.46%	$108.29	3.31
Consults	34.66%	$78.32	1.34	33.23%	$80.56	1.31	29.32%	$85.26	1.37	27.13%	$87.74	1.44
Surgery	88.01%	$1,046.52	1.47	92.17%	$1,081.34	1.40	93.35%	$1,082.04	1.34	93.02%	$1,090.89	1.28
Assistant Surgery	1.40%	$176.53		1.33%	$154.19		1.00%	$154.21		1.03%	$152.07	
Anesthesia	98.13%	$162.99		99.95%	$176.85		100.00%	$174.84		100.00%	$175.71	
Lab	33.26%	$65.64	5.85	66.91%	$44.75	1.28	79.51%	$44.72	1.27	80.87%	$52.07	1.26
Surgical Pathology	28.27%	$47.79	1.23	66.01%	$43.70	1.21	79.02%	$43.65	1.18	80.58%	$50.97	1.19
Radiology	62.93%	$78.44	2.79	65.17%	$63.37	2.40	62.84%	$56.78	2.14	58.14%	$57.24	2.10
CAT Scans	4.05%	$117.05	1.25	3.84%	$102.86	1.17	4.21%	$106.23	1.25	4.29%	$111.08	1.28
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.05%	$138.88	1.17
Ultrasound	4.83%	$57.17	1.15	5.31%	$48.46	1.12	4.53%	$46.44	1.10	4.84%	$50.41	1.12
Special Tests	51.95%	$20.21	1.52	46.44%	$16.93	1.40	53.39%	$14.58	1.33	55.51%	$15.47	1.35
Selected Cardiac	50.47%	$15.86	1.41	45.11%	$12.54	1.27	52.43%	$11.20	1.25	54.70%	$11.23	1.27
Part B NEC	7.17%	$85.35		3.12%	$73.91		3.51%	$63.01		3.44%	$76.27	
PRE-HOSP												
Total Part B	56.70%	$82.31		55.89%	$80.88		66.27%	$96.83		71.54%	$117.06	
Office Visits	33.88%	$25.32	1.23	32.58%	$27.05	1.24	37.06%	$27.58	1.25	39.88%	$29.37	1.26
Home Visits	0.39%	$37.90	1.40	0.23%	$30.80	1.11	0.25%	$30.50	1.08	0.33%	$37.25	1.15
SNF/NH Visits	0.31%	$28.23	1.25	0.61%	$23.13	1.28	0.57%	$20.69	1.10	0.50%	$24.05	1.22
ER Visits	5.84%	$26.49	1.05	6.41%	$31.41	1.10	7.93%	$31.72	1.10	8.50%	$33.09	1.11
Consults	3.89%	$47.42	1.04	3.73%	$49.67	1.01	4.52%	$51.41	1.02	5.07%	$53.72	1.03
Surgery	10.90%	$101.88	1.11	10.52%	$93.55	1.16	15.14%	$122.55	1.17	18.34%	$153.26	1.22
Anesthesia	0.16%	$127.00	1.00	0.50%	$116.31	1.12	0.83%	$152.93	1.31	1.39%	$141.01	1.19
Lab	29.67%	$22.25	2.18	28.39%	$22.00	2.22	35.43%	$23.36	2.26	40.54%	$28.16	2.41
Radiology	16.90%	$65.60	1.43	18.53%	$59.94	1.33	25.62%	$56.77	1.36	30.31%	$55.80	1.36
CAT Scans	0.08%	$70.00	1.00	0.29%	$151.05	1.13	0.36%	$156.14	1.14	0.48%	$134.16	1.14
Ultrasound	0.93%	$89.05	1.00	0.68%	$82.28	1.12	1.08%	$82.55	1.09	1.79%	$96.23	1.10
Special Tests	11.45%	$26.92	1.23	11.05%	$27.49	1.17	17.35%	$22.81	1.12	23.09%	$24.85	1.14
POST-HOSP												
Total Part B	16.04%	$49.60		20.64%	$46.94		19.43%	$53.46		18.82%	$55.53	
Office Visits	6.85%	$19.28	1.11	7.59%	$20.38	1.12	7.48%	$21.06	1.13	7.29%	$21.85	1.13
Home Visits	0.55%	$31.61	1.00	0.17%	$29.85	1.00	0.16%	$31.16	1.06	0.21%	$33.61	1.12
SNF/NH Visits	0.70%	$21.23	1.11	1.43%	$31.47	1.19	1.10%	$29.41	1.24	0.94%	$30.20	1.26
ER Visits	0.78%	$32.22	1.10	1.03%	$28.28	1.07	1.39%	$29.23	1.08	1.23%	$28.13	1.07
Consults	0.86%	$54.66	1.00	0.82%	$59.28	1.03	0.85%	$58.10	1.02	0.76%	$64.27	1.02
Surgery	0.70%	$22.23	1.00	1.04%	$85.07	1.13	1.09%	$113.14	1.39	1.69%	$96.50	1.18
Anesthesia	0.16%	$197.30	1.00	0.06%	$175.81	1.00	0.09%	$185.13	1.56	0.13%	$131.53	1.31
Lab	7.01%	$16.08	1.86	8.24%	$15.62	1.68	9.08%	$16.51	1.83	9.03%	$17.05	1.76
Radiology	2.02%	$141.67	3.77	3.16%	$82.77	2.08	2.99%	$95.63	2.31	2.98%	$103.53	2.03
CAT Scans	0.00%	$0.00	0	0.25%	$127.34	1.14	0.31%	$132.29	1.13	0.42%	$170.14	1.26
Ultrasound	0.16%	$65.25	1.03	0.11%	$61.73	1.00	0.11%	$59.59	1.09	0.11%	$91.98	1.00
Special Tests	0.86%	$18.01	1.09	1.19%	$33.79	1.35	1.09%	$45.17	1.41	1.07%	$37.51	1.19

PROSTATECTOMY
POSITIVE CASES
DRG 337

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		8.39	100.00%		6.68	100.00%		5.95	100.00%		5.68
Total Part B	95.18%	$1,313.12		95.90%	$1,266.91		96.37%	$1,279.66		96.63%	$1,291.26	
Hospital Visits	53.95%	$138.40	5.93	47.78%	$101.79	3.65	44.78%	$92.19	2.98	41.76%	$84.44	2.50
ICU Visits	0.77%	$75.43	2.00	0.33%	$93.85	3.00	0.45%	$62.36	1.71	0.19%	$101.20	4.33
Consults	31.21%	$73.54	1.21	21.38%	$72.90	1.22	18.26%	$78.69	1.30	16.80%	$86.58	1.36
Surgery	92.68%	$1,029.05	1.42	92.12%	$1,036.09	1.26	92.30%	$1,057.25	1.23	92.04%	$1,076.37	1.18
Assistant Surgery	1.16%	$256.90		1.39%	$129.09		1.08%	$127.35		0.76%	$109.57	
Anesthesia	94.61%	$155.28		99.40%	$159.73		100.00%	$160.85		100.00%	$161.95	
Lab	32.95%	$57.64	6.05	67.70%	$38.67	1.24	77.80%	$42.57	1.20	78.55%	$49.93	1.21
Surgical Pathology	28.13%	$40.97	1.17	67.37%	$38.07	1.18	77.54%	$41.88	1.14	78.49%	$49.39	1.15
Radiology	67.05%	$57.56	2.24	60.75%	$43.62	1.80	54.77%	$38.10	1.59	49.59%	$37.78	1.53
CAT Scans	2.12%	$113.21	1.18	2.45%	$101.24	1.19	2.67%	$113.57	1.14	2.55%	$111.64	1.20
Ultrasound	7.13%	$57.50	1.16	2.65%	$44.80	1.08	2.35%	$46.04	1.16	1.65%	$50.85	1.12
Special Tests	48.55%	$15.73	1.35	44.80%	$12.71	1.21	45.23%	$12.59	1.20	47.68%	$12.25	1.22
Selected Cardiac	47.21%	$12.27	1.22	44.08%	$10.62	1.13	44.34%	$9.42	1.12	47.23%	$10.32	1.19
Part B NEC	7.13%	$42.87		1.46%	$87.62		1.08%	$93.78		1.72%	$100.40	
PRE-HOSP												
Total Part B	54.53%	$74.32		53.67%	$84.69		59.73%	$103.54		66.90%	$123.36	
Office Visits	30.64%	$24.12	1.25	30.58%	$25.90	1.17	32.00%	$27.47	1.23	35.26%	$28.89	1.22
Home Visits	0.19%	$136.80	6.00	0.07%	$25.00	1.00	0.00%	$0.00	0	0.00%	$0.00	0
SNF/NH Visits	0.19%	$12.30	1.00	0.13%	$40.50	1.50	0.00%	$0.00	0	0.00%	$0.00	0
ER Visits	4.24%	$27.75	1.00	2.91%	$29.42	1.11	2.74%	$32.27	1.09	3.18%	$34.16	1.10
Consults	3.66%	$50.12	1.11	3.31%	$46.52	1.02	2.42%	$47.56	1.03	4.26%	$54.16	1.08
Surgery	10.60%	$97.83	1.04	11.52%	$96.40	1.12	16.22%	$120.42	1.14	18.65%	$161.04	1.27
Anesthesia	0.19%	$87.70	1.00	0.60%	$95.10	1.00	1.02%	$129.41	1.00	2.23%	$121.85	1.00
Lab	29.29%	$18.47	1.97	29.25%	$22.07	2.04	33.65%	$26.21	2.24	37.56%	$29.49	2.38
Radiology	19.65%	$43.81	1.27	19.06%	$61.08	1.29	27.48%	$54.51	1.26	32.15%	$54.87	1.33
CAT Scans	0.00%	$0.00	0	0.33%	$192.86	1.00	0.32%	$142.36	1.00	0.25%	$234.05	1.25
Ultrasound	0.39%	$56.50	1.00	0.66%	$80.23	1.10	0.83%	$84.17	1.08	2.23%	$108.49	1.11
Special Tests	9.63%	$29.36	1.16	11.71%	$26.14	1.11	17.88%	$20.64	1.09	24.57%	$22.31	1.11
POST-HOSP												
Total Part B	13.87%	$53.32		15.62%	$41.85		14.82%	$50.66		14.89%	$56.07	
Office Visits	6.17%	$23.18	1.16	5.43%	$21.95	1.12	4.83%	$21.18	1.17	5.60%	$21.44	1.10
Home Visits	0.19%	$25.00	1.00	0.07%	$5.00	1.00	0.00%	$0.00	0	0.00%	$0.00	0
SNF/NH Visits	0.19%	$17.10	1.00	0.20%	$15.50	1.00	0.13%	$32.50	1.00	0.25%	$23.95	1.25
ER Visits	0.00%	$0.00	0	0.99%	$28.05	1.07	0.70%	$31.26	1.00	1.02%	$32.68	1.13
Consults	0.39%	$75.00	1.00	0.66%	$55.97	1.00	0.57%	$42.38	1.00	0.70%	$64.73	1.55
Surgery	0.58%	$20.75	1.00	0.66%	$54.78	1.30	0.83%	$80.59	1.39	1.15%	$47.89	1.39
Anesthesia	0.19%	$285.00	1.00	0.00%	$0.00	0	0.13%	$168.20	1.00	0.00%	$0.00	0
Lab	6.36%	$12.45	1.76	6.68%	$16.59	1.66	8.21%	$12.96	1.51	8.27%	$15.25	1.53
Radiology	2.31%	$78.98	1.42	2.12%	$96.49	2.19	3.10%	$157.72	2.42	2.61%	$128.50	1.95
CAT Scans	0.19%	$80.00	1.00	0.13%	$79.25	1.00	0.38%	$197.53	1.33	0.25%	$267.43	1.50
Ultrasound	0.00%	$0.00	0	0.26%	$47.75	1.00	0.00%	$0.00	0	0.19%	$86.80	1.00
Special Tests	0.58%	$46.93	1.00	0.86%	$23.77	1.46	0.76%	$18.46	1.33	0.64%	$69.31	1.00

CORONARY ARTERY DISEASE
POSITIVE CASES
DRG 106

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		22.76	100.00%		19.42	100.00%		18.17	100.00%		18.03
Total Part B	94.66%	$6,370.25		95.82%	$6,586.72		96.14%	$6,635.62		96.15%	$6,757.30	
Hospital Visits	87.24%	$406.82	16.71	90.29%	$403.14	15.52	90.18%	$377.05	14.04	89.76%	$374.89	13.48
ICU Visits	29.93%	$248.36	6.06	33.35%	$269.08	6.31	37.27%	$295.19	8.77	37.86%	$269.23	8.53
Consults	60.09%	$124.19	1.70	61.96%	$133.70	1.82	58.93%	$149.06	2.17	61.34%	$146.52	2.12
Surgery	94.20%	$4,271.90	2.59	95.34%	$4,497.46	2.59	95.74%	$4,543.06	2.56	95.66%	$4,658.65	2.58
Selected Cardiac	75.87%	$92.93	7.00	79.11%	$68.34	6.62	86.35%	$64.64	6.88	87.82%*	$65.90	6.96
Assistant Surgery	45.71%	$695.33		44.65%	$746.36		44.51%	$742.80		46.38%	$760.46	
Anesthesia	99.30%	$745.58		99.88%	$810.67		99.94%	$807.44		99.82%	$798.86	
Lab	29.93%	$205.62	22.39	24.27%	$43.19	2.38	23.39%	$37.02	3.01	26.32%	$40.90	3.03
Surgical Pathology	13.92%	$26.33	1.15	19.78%	$24.78	1.23	15.47%	$26.65	1.22	15.12%	$34.83	1.26
Radiology	93.74%	$224.80	10.36	94.87%	$204.41	9.66	94.81%	$189.17	9.16	94.97%	$193.11	9.32
CAT Scans	4.87%	$114.51	1.62	6.09%	$100.29	1.21	6.47%	$100.85	1.35	7.98%	$103.71	1.29
Echocardiograph	18.10%	$84.44	1.18	16.04%	$77.80	1.25	18.39%	$81.76	1.34	20.92%*	$90.12	1.37
Ultrasound	9.05%	$57.63	1.08	8.00%	$43.53	1.10	6.50%	$46.95	1.14	6.62%	$53.98	1.20
Special Tests	80.97%	$147.23	8.38	82.77%	$126.89	7.51	88.93%	$125.51	7.73	90.68%	$139.58	7.81
Catheterizations	93.50%	$575.10		92.36%	$640.65		92.28%	$653.12		92.49%	$669.78	
Part B NEC	40.37%	$240.31		29.91%	$209.86		30.29%	$282.07		25.81%	$303.02	
PRE-HOSP												
Total Part B	57.54%	$87.83		56.67%	$86.70		62.50%	$100.75		68.22%	$105.73	
Office Visits	28.77%	$25.55	1.15	26.86%	$29.00	1.16	29.92%	$30.53	1.16	32.34%*	$30.38	1.27
Home Visits	0.23%	$15.00	1.00	0.12%	$24.77	1.00	0.20%	$24.94	1.00	0.18%	$21.19	1.00
SNF/IH Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
ER Visits	15.08%	$33.34	1.05	17.71%	$36.23	1.05	19.53%	$41.97	1.05	21.90%*	$43.69	1.05
Consults	7.19%	$70.37	1.00	5.62%	$69.16	1.01	6.27%	$72.05	1.05	6.82%	$73.71	1.05
Surgery	1.39%	$119.58	1.00	1.83%	$121.92	1.15	2.16%	$163.31	1.11	3.78%	$158.56	1.12
Anesthesia	0.46%	$311.65	1.00	0.24%	$307.73	1.17	0.20%	$682.71	1.14	0.04%	$379.95	1.00
Lab	9.28%	$23.90	2.53	9.35%	$26.88	2.61	10.36%	$24.46	2.77	11.85%	$28.74	2.97
Radiology	11.60%	$39.45	1.12	13.41%	$42.33	1.22	16.38%	$39.25	1.27	19.34%	$43.78	1.25
CAT Scans	0.00%	$0.00	0	0.16%	$97.43	1.00	0.23%	$140.13	1.00	0.20%	$151.28	1.22
Ultrasound	0.00%	$0.00	0	0.24%	$54.18	1.00	0.43%	$64.21	1.07	0.54%	$64.53	1.00
Special Tests	33.41%	$48.11	1.25	29.45%	$52.90	1.39	34.23%	$50.83	1.49	37.09%*	$55.52	1.55
Echocardiograph	0.23%	$204.00	2.00	0.88%	$144.39	1.46	1.05%	$109.04	1.32	1.61%	$133.41	1.43
POST-HOSP												
Total Part B	25.99%	$65.52		33.63%	$75.52		29.63%	$77.29		28.47%	$72.34	
Office Visits	16.01%	$21.94	1.13	19.62%	$23.65	1.16	16.78%	$22.47	1.11	17.91%	$23.80	1.12
Home Visits	0.70%	$24.93	1.00	0.36%	$31.51	1.22	0.23%	$33.30	1.25	0.27%	$44.58	1.42
SNF/IH Visits	0.23%	$23.00	1.00	0.24%	$35.88	1.50	0.43%	$38.10	1.53	0.40%	$37.26	1.39
ER Visits	1.39%	$27.82	1.00	2.31%	$30.47	1.02	1.90%	$29.50	1.12	1.83%	$31.05	1.04
Consults	1.16%	$98.02	1.20	0.76%	$66.05	1.00	0.68%	$97.60	2.00	0.72%	$75.34	1.16
Surgery	0.23%	$72.20	1.00	0.68%	$441.94	1.00	0.68%	$430.33	1.33	1.81%	$49.05	1.26
Anesthesia	0.00%	$0.00	0	0.24%	$374.38	2.00	0.31%	$532.91	2.25	0.16%	$321.64	1.14
Lab	9.51%	$20.49	2.24	9.47%	$17.70	2.03	8.91%	$16.20	2.18	8.90%	$19.93	2.35
Radiology	7.66%	$34.77	1.33	10.07%	$35.86	1.23	8.49%	$36.29	1.29	9.77%	$35.15	1.36
CAT Scans	0.00%	$0.00	0	0.12%	$140.83	1.00	0.14%	$85.68	1.20	0.09%	$83.57	1.00
Ultrasound	0.00%	$0.00	0	0.12%	$31.93	1.00	0.03%	$46.60	1.00	0.04%	$91.55	1.00
Special Tests	9.28%	$38.83	1.33	12.30%	$42.51	1.21	11.33%	$40.27	1.27	11.54%	$44.13	1.27
Echocardiograph	0.23%	$100.00	1.00	0.28%	$83.46	1.29	0.28%	$98.41	1.30	0.20%	$101.27	1.11

CORONARY ARTERY DISEASE
POSITIVE CASES
DRG 107

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		14.19	100.00%		12.61	100.00%		12.41	100.00%		12.28
Total Part B	89.13%	$4,987.84		90.95%	$5,219.58		92.04%	$5,218.16		91.11%	$5,381.86	
Hospital Visits	54.08%	$251.24	10.84	55.83%	$277.32	10.83	55.75%	$250.03	9.59	55.99%	$244.22	8.98
ICU Visits	19.29%	$250.86	4.32	19.01%	$211.73	4.37	17.57%	$229.00	7.57	21.98%	$237.37	9.12
Consults	36.41%	$97.80	1.43	36.43%	$114.05	1.51	35.14%	$117.83	1.77	39.68%	$124.08	1.81
Surgery	84.24%	$3,600.46	1.47	88.10%	$3,754.29	1.59	90.24%	$3,723.27	1.62	89.08%	$3,846.11	1.68
Selected Cardiac	67.39%	$51.52	4.64	71.49%	$42.80	4.24	80.79%	$40.67	4.40	83.50%	$43.50	4.58
Assistant Surgery	36.68%	$727.54		37.34%	$764.32		37.93%	$763.90		39.35%	$785.78	
Anesthesia	98.91%	$739.91		99.83%	$784.85		99.80%	$787.57		100.00%	$780.34	
Lab	24.18%	$263.59	27.65	19.07%	$38.16	2.19	18.62%	$34.01	2.10	17.60%	$33.82	2.36
Surgical Pathology	8.70%	$41.87	1.72	16.28%	$23.17	1.20	14.39%	$27.62	1.15	11.52%	$31.66	1.17
Radiology	87.23%	$114.19	7.03	82.56%	$103.45	6.82	89.30%	$97.57	6.61	88.66%	$95.15	6.60
CAT Scans	1.63%	$70.40	1.00	3.07%	$78.72	1.07	3.68%	$93.31	1.22	3.87%	$92.17	1.27
Echocardiograph	4.62%	$90.04	1.47	3.81%	$101.20	1.19	3.73%	$92.98	1.31	5.35%	$98.69	1.30
Ultrasound	5.98%	$58.67	1.09	2.62%	$42.52	1.09	2.09%	$46.10	1.10	2.07%	$49.82	1.09
Special Tests	70.11%	$81.42	5.77	74.22%	$75.00	4.91	82.93%	$71.89	4.91	84.75%	$75.31	5.02
Catheterizations	4.08%	$185.07		16.62%	$186.54		21.30%	$176.97		21.57%	$185.66	
Part B HBC	30.71%	$221.89		25.21%	$209.10		21.50%	$310.01		18.16%	$421.27	
PRE-HOSP												
Total Part B	16.58%	$145.10		16.16%	$138.92		24.79%	$170.62		29.22%	$145.88	
Office Visits	7.34%	$22.22	1.07	6.89%	$22.90	1.04	10.55%	$25.59	1.10	13.00%	$28.67	1.12
Home Visits	0.27%	$29.00	1.00	0.00%	$0.00	0	0.00%	$0.00	0	0.05%	$30.80	1.00
SNF/IH Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
ER Visits	2.45%	$34.71	1.00	2.45%	$34.59	1.02	3.48%	$39.32	1.03	3.92%	$41.86	1.11
Consults	0.82%	$49.23	1.00	2.22%	$64.27	1.03	4.13%	$63.62	1.10	4.19%	$58.81	1.11
Surgery	0.82%	$1,698.33	1.00	1.71%	$552.39	1.10	3.14%	$599.50	1.19	3.36%	$505.39	1.16
Anesthesia	0.00%	$0.00	0	0.11%	$61.00	1.00	0.20%	$866.43	3.00	0.46%	$626.07	1.40
Lab	2.72%	$74.28	6.10	3.36%	$37.06	3.85	3.98%	$37.39	4.94	4.38%	$35.27	4.57
Radiology	4.08%	$60.31	1.33	4.15%	$75.57	1.47	6.67%	$55.45	1.28	6.68%	$58.06	1.32
CAT Scans	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.14%	$71.47	1.00
Ultrasound	0.00%	$0.00	0	0.00%	$0.00	0	0.20%	$73.00	1.00	0.14%	$71.67	1.00
Special Tests	6.25%	$28.04	1.65	5.52%	$44.07	1.45	10.85%	$40.54	2.00	12.67%	$41.14	1.69
Echocardiograph	0.00%	$0.00	0	0.06%	$217.00	2.00	0.55%	$77.26	1.27	0.28%	$91.29	1.33
POST-HOSP												
Total Part B	22.28%	$61.63		28.06%	$73.11		25.09%	$77.44		24.47%	$76.04	
Office Visits	13.04%	$23.27	1.19	14.29%	$23.92	1.17	16.13%	$23.29	1.12	15.94%	$24.74	1.12
Home Visits	0.00%	$0.00	0	0.17%	$47.50	1.67	0.15%	$35.00	1.33	0.23%	$31.02	1.00
SNF/IH Visits	0.00%	$0.00	0	0.28%	$41.44	1.40	0.15%	$29.22	1.00	0.05%	$60.00	1.00
ER Visits	1.36%	$25.46	1.00	2.33%	$33.52	1.12	1.59%	$30.12	1.06	1.38%	$36.27	1.07
Consults	1.63%	$69.20	1.17	0.63%	$76.06	1.00	0.40%	$75.53	1.00	0.51%	$66.84	1.18
Surgery	0.27%	$517.50	1.00	0.91%	$300.26	1.94	0.60%	$165.28	1.17	1.11%	$98.43	1.13
Anesthesia	0.27%	$690.00	1.00	0.17%	$129.13	1.00	0.20%	$424.44	1.00	0.05%	$204.75	1.00
Lab	8.42%	$11.32	1.45	7.57%	$18.04	2.06	7.81%	$18.55	2.47	7.97%	$20.89	2.64
Radiology	6.52%	$32.82	1.08	8.82%	$33.38	1.16	9.06%	$34.00	1.12	9.49%	$41.52	1.21
CAT Scans	0.00%	$0.00	0	0.00%	$0.00	0	0.10%	$79.30	1.00	0.05%	$79.00	1.00
Ultrasound	0.00%	$0.00	0	0.06%	$43.50	1.00	0.10%	$56.50	1.00	0.09%	$51.75	1.00
Special Tests	7.61%	$27.32	1.04	11.50%	$41.38	1.32	10.50%	$44.82	1.22	10.65%	$43.65	1.27
Echocardiograph	0.00%	$0.00	0	0.28%	$135.40	1.20	0.30%	$102.28	1.00	0.32%	$133.14	1.14

CORONARY ARTERY DISEASE
POSITIVE CASES
DRG 124

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		16.01	100.00%		8.36	100.00%		8.14	100.00%		8.10
Total Part B	91.92%	$1,137.02		94.84%	$1,088.38		95.19%	$1,109.97		94.67%	$1,189.90	
Hospital Visits	84.85%	$263.83	8.96	83.82%	$233.97	8.60	85.15%	$230.87	8.33	86.71%*	$236.68	8.01
ICU Visits	29.29%	$157.98	3.14	16.40%	$170.88	4.37	18.48%	$163.33	5.17	20.08%*	$173.67	5.26
Consults	42.42%	$107.45	1.41	44.25%	$103.26	1.41	47.58%	$108.57	1.51	48.31%	$110.52	1.58
Surgery	85.86%	$567.80	1.45	86.42%*	$658.80	1.30	85.28%	$668.80	1.33	85.26%	$694.23	1.34
Catheterizations	83.84%	$530.60		84.57%	$621.92		83.22%	$632.99		83.75%	$652.64	
Lab	14.14%	$60.96	10.14	4.25%	$57.81	3.63	6.44%	$41.74	2.52	6.89%	$43.44	2.60
Radiology	77.78%	$142.68	4.08	83.92%	$113.34	3.08	83.45%	$102.33	3.02	82.24%	$109.18	2.89
CAT Scans	2.02%	$70.80	1.00	2.69%	$95.66	1.16	3.60%	$99.35	1.22	4.89%	$103.17	1.20
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.08%	$329.07	1.00
Ultrasound	4.04%	$53.01	1.00	5.91%	$41.41	1.09	6.97%	$43.01	1.12	6.87%	$48.31	1.13
Special Tests	68.69%	$96.65	3.60	71.83%	$98.24	3.51	78.94%	$106.52	3.72	82.62%	$122.87	3.94
Echocardiograph	20.20%	$99.36	1.60	20.75%	$76.95	1.26	22.73%	$75.21	1.25	25.45%	$84.09	1.30
Doppler	2.02%	$35.50	1.00	4.14%	$73.15	1.44	5.07%	$78.59	1.44	5.59%	$86.42	1.50
Selected Cardiac	61.62%	$41.49	2.84	66.18%	$36.71	2.93	74.20%	$34.59	3.10	78.09%	$38.38	3.28
Part B HHC	15.15%	$348.75	0	12.69%	$175.40	0	15.76%	$215.12	0	15.50%	$288.90	0
PRE-HOSP												
Total Part B	58.59%	$83.12		53.06%	$83.18		63.47%	$92.57		67.48%	$97.03	
Office Visits	26.26%	$29.12	1.39	26.08%	$28.19	1.18	31.56%	$28.78	1.20	34.83%	$30.38	1.20
Home Visits	1.01%	$25.30	1.00	0.38%	$31.43	1.14	0.20%	$27.12	1.17	0.13%	$34.40	1.20
SNF/IR Visits	0.00%	$0.00	0	0.05%	$20.00	1.00	0.07%	$19.00	1.00	0.10%	$18.65	1.00
ER Visits	23.23%	$36.34	1.00	14.68%	$37.51	1.03	17.82%	$38.50	1.04	19.43%	$43.33	1.07
Consults	6.06%	$77.55	1.00	4.52%	$73.11	1.00	4.84%	$70.59	1.09	4.79%	$78.75	1.04
Surgery	2.02%	$96.60	1.50	1.77%	$106.42	1.12	2.58%	$152.87	1.27	3.61%	$107.54	1.30
Lab	13.13%	$35.29	3.39	10.86%	$24.82	2.58	12.03%	$24.59	2.75	14.27%	$23.22	2.64
Radiology	16.16%	$32.11	1.81	14.19%	$42.58	1.23	17.85%	$37.81	1.20	22.09%	$38.56	1.21
CAT Scans	0.00%	$0.00	0	0.11%	$131.00	1.50	0.20%	$89.93	1.00	0.26%	$148.53	1.00
Ultrasound	0.00%	$0.00	0	0.32%	$70.56	1.00	0.46%	$101.00	1.50	0.36%	$74.56	1.29
Special Tests	21.21%	$56.36	1.52	26.34%	$52.18	1.32	32.11%	$55.14	1.42	34.73%	$54.36	1.44
Echocardiograph	2.02%	$132.50	1.50	1.40%	$118.29	1.35	1.96%	$145.78	1.42	2.46%	$135.03	1.38
POST-HOSP												
Total Part B	30.30%	$54.90		38.71%	$89.22		36.53%	$158.49		33.96%	$137.46	
Office Visits	24.24%	$22.19	1.13	22.58%	$22.71	1.10	22.40%	$23.89	1.12	22.22%	$24.38	1.11
Home Visits	0.00%	$0.00	0	0.22%	$30.25	1.00	0.23%	$43.43	1.29	0.15%	$48.32	1.33
SNF/IR Visits	1.01%	$13.60	1.00	0.32%	$17.33	1.00	0.26%	$53.60	2.38	0.23%	$34.46	1.00
ER Visits	2.02%	$26.15	1.00	1.67%	$30.06	1.07	1.77%	$32.89	1.13	2.13%	$34.70	1.06
Consults	2.02%	$73.50	1.00	1.83%	$68.15	1.00	1.41%	$70.69	1.33	1.33%	$77.43	1.08
Surgery	0.00%	$0.00	0	1.56%	$709.36	1.00	2.32%	$1,149.68	1.72	3.05%	$647.57	1.19
Lab	9.09%	$22.53	2.44	8.12%	$19.85	2.01	8.40%	$18.46	2.12	9.74%	$19.49	2.11
Radiology	5.05%	$23.66	1.00	5.75%	$51.65	1.51	5.89%	$57.18	1.63	5.61%	$69.78	1.96
CAT Scans	0.00%	$0.00	0	0.11%	$74.70	1.00	0.16%	$80.54	1.00	0.31%	$102.66	1.08
Ultrasound	0.00%	$0.00	0	0.43%	$68.75	1.13	0.29%	$40.27	1.00	0.26%	$59.31	1.00
Special Tests	11.11%	$42.47	1.09	8.44%	$49.68	1.48	9.52%	$62.59	1.63	9.99%	$49.81	1.40
Echocardiograph	0.00%	$0.00	0	0.32%	$96.62	1.50	0.43%	$99.19	1.15	0.31%	$111.86	1.08

CORONARY ARTERY DISEASE
POSITIVE CASES
DRG 125

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		7.34	100.00%		4.90	100.00%		4.42	100.00%		4.45
Total Part B	95.71%	$934.58		95.69%	$903.57		94.81%	$889.88		94.85%	$924.45	
Hospital Visits	78.00%	$165.45	6.21	77.17%	$147.21	4.91	75.36%	$134.19	4.18	77.36%	$141.75	4.17
ICU Visits	7.92%	$127.39	3.40	5.71%	$121.04	2.90	6.17%	$119.60	3.10	7.76%	$123.51	3.18
Consults	34.21%	$96.00	1.35	31.30%	$93.70	1.27	28.60%	$93.82	1.29	30.66%	$100.15	1.47
Surgery	94.17%	$593.06	1.22	90.96%	$639.47	1.21	88.73%	$653.22	1.22	88.63%	$671.74	1.24
Catheterizations	93.18%	$570.46		89.96%	$617.46		87.72%	$632.32		87.98%	$647.76	
Lab	17.38%	$45.23	8.57	2.35%	$35.15	2.72	2.41%	$37.32	2.40	3.79%	$33.14	2.09
Radiology	78.11%	$119.54	2.52	76.66%	$101.37	2.26	76.59%	$92.30	2.10	73.13%	$91.78	2.09
CAT Scans	2.31%	$111.51	1.24	2.35%	$95.81	1.10	2.34%	$93.86	1.11	3.27%	$97.36	1.17
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.05%	$120.00	1.00
Ultrasound	4.40%	$47.25	1.10	4.63%	$39.55	1.10	5.33%	$40.87	1.08	5.61%	$42.74	1.11
Special Tests	64.36%	$72.07	2.84	63.14%	$60.72	2.50	70.84%	$56.39	2.32	73.33%	$60.22	2.41
Echocardiograph	13.64%	$72.10	1.23	12.52%	$68.29	1.18	12.28%	$70.56	1.21	13.32%	$79.35	1.26
Doppler	2.57%	$33.88	1.11	3.81%	$76.21	1.55	3.59%	$74.09	1.41	4.46%	$78.47	1.46
Selected Cardiac	61.72%	$43.30	2.29	59.59%	$27.51	2.04	66.30%	$25.01	1.93	69.74%	$24.77	2.00
Part B NEC	14.08%	$109.30	0	8.19%	$176.40	0	7.44%	$217.62	0	6.55%	$272.26	0
PRE-HOSP												
Total Part B	49.83%	$82.78		51.50%	$96.11		56.74%	$107.28		59.83%	$110.36	
Office Visits	28.71%	$29.53	1.19	29.62%	$31.99	1.14	31.15%	$32.01	1.16	32.29%	$32.51	1.18
Home Visits	0.11%	$27.90	1.00	0.08%	$22.97	1.00	0.09%	$31.70	1.20	0.08%	$25.64	1.00
SNF/NH Visits	0.11%	$39.20	2.00	0.00%	$0.00	0	0.00%	$0.00	0	0.02%	$14.40	1.00
ER Visits	7.37%	$38.18	1.08	7.31%	$37.33	1.07	8.76%	$40.00	1.05	10.18%	$44.34	1.05
Consults	5.06%	$67.13	1.00	6.26%	$69.01	1.02	7.30%	$69.74	1.03	7.42%	$76.36	1.06
Surgery	1.21%	$92.46	1.09	1.58%	$134.12	1.06	1.62%	$240.96	1.51	2.94%	$173.00	1.16
Lab	11.11%	$32.08	2.78	11.29%	$35.88	3.22	12.89%	$31.13	3.28	13.31%	$28.93	3.21
Radiology	12.54%	$38.31	1.15	13.42%	$47.60	1.20	16.00%	$49.27	1.16	18.80%	$50.35	1.20
CAT Scans	0.00%	$0.00	0	0.13%	$107.17	1.20	0.16%	$164.12	1.00	0.26%	$139.59	1.00
Ultrasound	0.33%	$59.78	1.00	0.45%	$78.58	1.06	0.42%	$60.20	1.04	0.55%	$60.33	1.00
Special Tests	24.64%	$57.14	1.33	27.22%	$61.85	1.28	32.06%	$65.43	1.36	32.36%	$65.97	1.39
Echocardiograph	0.44%	$66.25	1.00	1.45%	$122.71	1.38	2.30%	$133.19	1.36	2.15%	$143.77	1.35
POST-HOSP												
Total Part B	28.05%	$56.50		36.76%	$88.78		31.20%	$96.26		29.46%	$103.82	
Office Visits	20.35%	$20.90	1.09	21.68%	$22.79	1.11	20.63%	$22.89	1.11	19.98%	$23.13	1.11
Home Visits	0.11%	$34.00	1.00	0.20%	$38.96	1.38	0.11%	$22.30	1.00	0.03%	$30.60	1.50
SNF/NH Visits	0.11%	$22.00	1.00	0.08%	$20.23	1.00	0.07%	$30.25	1.00	0.09%	$46.21	1.67
ER Visits	0.77%	$26.69	1.00	1.20%	$31.79	1.08	1.44%	$31.33	1.07	1.66%	$31.19	1.03
Consults	1.21%	$62.21	1.09	1.28%	$64.55	1.02	1.18%	$67.63	1.15	1.35%	$67.75	1.09
Surgery	1.32%	$86.43	1.00	1.83%	$508.60	1.10	1.85%	$566.56	1.24	2.19%	$494.38	1.32
Lab	2.86%	$17.94	2.04	4.58%	$18.12	1.77	4.87%	$15.51	1.90	5.60%	$17.95	1.95
Radiology	5.06%	$71.05	1.30	6.48%	$72.69	1.37	4.78%	$77.04	1.60	4.59%	$86.48	1.78
CAT Scans	0.11%	$51.12	1.00	0.20%	$137.98	1.38	0.21%	$116.89	1.00	0.29%	$89.61	1.00
Ultrasound	0.44%	$64.17	1.25	0.38%	$79.45	1.07	0.39%	$54.93	1.00	0.32%	$72.47	1.00
Special Tests	4.07%	$67.63	1.30	6.96%	$57.49	1.75	6.89%	$64.76	1.57	6.67%	$71.65	1.40
Echocardiograph	0.33%	$154.47	1.67	0.40%	$115.62	1.38	0.53%	$115.59	1.27	0.40%	$110.26	1.19

CORONARY ARTERY DISEASE
POSITIVE CASES
DRG 132

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		8.76	100.00%		7.21	100.00%		6.42	100.00%		6.28
Total Part B	91.34%	$320.07		95.33%	$295.18		94.87%	$300.25		94.76%	$327.23	
Hospital Visits	88.27%	$192.47	8.69	90.46%	$175.16	7.20	89.55%	$163.62	6.32	87.67%	$174.31	6.24
ICU Visits	9.34%	$113.74	3.07	11.77%	$110.85	2.94	14.02%	$121.46	3.53	16.58%	$123.20	3.46
Consults	20.39%	$86.38	1.31	21.89%	$88.46	1.29	24.70%	$94.28	1.40	28.85%	$93.67	1.47
Surgery	7.12%	$176.68	1.32	5.90%	$187.61	1.26	7.29%	$234.37	1.27	6.10%	$233.45	1.26
Lab	9.79%	$55.31	8.29	3.00%	$37.18	2.25	3.39%	$32.29	2.01	4.05%	$35.89	2.56
Radiology	69.99%	$57.38	2.56	79.13%	$52.30	2.34	78.51%	$51.03	2.15	79.77%	$55.04	2.25
CAT Scans	5.75%	$92.69	1.06	4.96%	$93.62	1.09	4.17%	$104.32	1.21	6.17%	$103.01	1.23
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.07%	$120.00	1.00
Ultrasound	6.49%	$51.06	1.13	7.27%	$41.25	1.11	6.23%	$40.69	1.09	9.15%	$42.68	1.09
Special Tests	61.56%	$39.74	2.69	66.74%	$42.54	2.70	68.84%	$43.43	2.77	69.96%	$58.22	2.97
Echocardiograph	6.04%	$69.01	1.23	8.77%	$65.40	1.19	9.44%	$69.69	1.17	13.00%	$75.58	1.24
Doppler	1.08%	$25.28	1.11	2.02%	$53.83	1.39	2.38%	$56.96	1.31	3.85%	$56.10	1.35
Selected Cardiac	58.09%	$29.91	2.55	63.36%	$28.52	2.49	66.22%	$28.08	2.56	66.58%	$30.68	2.65
Part B NEC	12.98%	$85.78		7.19%	$107.52		10.04%	$93.24		9.62%	$93.47	
PRE-HOSP												
Total Part B	52.85%	$48.69		58.12%	$49.54		64.62%	$65.15		66.84%	$66.55	
Office Visits	25.80%	$21.56	1.22	25.58%	$22.07	1.18	26.90%	$23.29	1.20	26.79%	$25.31	1.2[illegible]
Home Visits	0.74%	$22.29	1.08	1.09%	$27.50	1.16	1.10%	$27.91	1.08	0.93%	$28.66	1.14
SNF/NH Visits	0.85%	$25.55	1.40	1.02%	$20.81	1.20	0.73%	$23.80	1.38	0.86%	$17.07	1.00
ER Visits	17.37%	$31.44	1.05	24.16%	$32.95	1.04	27.45%	$38.53	1.04	29.84%	$42.77	1.03
Consults	0.68%	$62.83	1.00	0.71%	$60.45	1.06	1.83%	$54.77	1.08	0.99%	$62.26	1.00
Surgery	1.37%	$54.75	1.25	1.58%	$60.37	1.24	2.47%	$189.31	1.13	3.98%	$61.70	1.32
Lab	9.34%	$19.75	2.00	9.72%	$19.41	2.06	12.79%	$18.34	2.16	13.40%	$18.75	2.16
Radiology	10.02%	$31.12	1.28	11.86%	$27.02	1.25	15.95%	$27.26	1.23	18.24%	$37.31	1.33
CAT Scans	0.17%	$170.67	1.00	0.13%	$81.47	1.00	0.14%	$106.80	1.33	0.53%	$201.60	1.25
Ultrasound	0.06%	$157.00	1.00	0.13%	$84.58	1.00	0.41%	$63.48	1.00	0.33%	$56.40	1.00
Special Tests	13.61%	$30.17	1.21	17.53%	$29.06	1.24	23.37%	$30.06	1.28	23.08%	$30.51	1.33
Echocardiograph	0.28%	$79.24	1.40	0.13%	$105.00	1.17	0.32%	$147.94	1.86	0.07%	$50.00	1.00
POST-HOSP												
Total Part B	25.85%	$53.29		34.04%	$55.88		33.23%	$62.57		36.07%	$70.59	
Office Visits	15.26%	$19.35	1.13	21.09%	$20.23	1.13	21.04%	$22.04	1.13	24.87%	$21.05	1.10
Home Visits	0.63%	$32.96	1.09	0.60%	$36.61	1.52	0.37%	$39.10	1.38	0.40%	$27.67	1.00
SNF/NH Visits	1.82%	$26.23	1.25	2.29%	$28.46	1.17	1.70%	$26.34	1.16	1.92%	$26.87	1.07
ER Visits	1.48%	$27.40	1.00	1.94%	$28.67	1.08	2.29%	$29.01	1.06	1.99%	$33.19	1.10
Consults	0.46%	$61.69	1.00	0.89%	$72.77	1.18	1.05%	$59.04	1.04	1.46%	$57.36	1.00
Surgery	1.14%	$83.22	1.20	1.09%	$189.34	1.47	1.10%	$191.66	1.25	2.12%	$236.78	1.09
Lab	6.04%	$18.22	1.85	7.39%	$18.89	1.91	7.84%	$17.77	2.11	9.75%	$19.90	2.18
Radiology	2.39%	$43.18	1.21	4.74%	$39.94	1.32	4.63%	$54.59	1.55	5.17%	$51.79	1.46
CAT Scans	0.28%	$122.36	1.20	0.13%	$175.35	1.00	0.41%	$106.87	1.00	0.33%	$112.94	1.00
Ultrasound	0.17%	$49.33	1.00	0.18%	$47.77	1.00	0.32%	$65.61	1.00	0.13%	$76.90	1.00
Special Tests	3.76%	$34.17	1.21	6.47%	$50.80	1.49	6.97%	$59.59	1.48	7.76%	$55.13	1.54
Echocardiograph	0.00%	$0.00	0	0.33%	$115.67	1.53	0.41%	$95.54	1.44	0.40%	$127.57	1.17

CORONARY ARTERY DISEASE
POSITIVE CASES
DRG 133

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		7.92	100.00%		6.05	100.00%		5.11	100.00%		5.54
Total Part B	91.01%	$339.98		94.37%	$311.69		96.06%	$254.94		91.53%	$305.19	
Hospital Visits	85.01%	$179.30	7.97	86.52%	$154.14	6.18	86.61%	$135.00	5.19	84.75%	$159.13	5.83
ICU Visits	11.99%	$106.49	2.78	9.66%	$103.05	2.65	9.84%	$77.34	2.04	13.56%	$106.41	2.46
Consults	21.52%	$86.29	1.30	21.73%	$88.07	1.29	22.83%	$86.85	1.40	26.55%	$85.76	1.43
Surgery	6.17%	$167.71	1.20	6.64%	$407.26	1.30	4.72%	$398.58	1.08	3.39%	$127.82	1.17
Lab	13.23%	$89.69	11.13	2.82%	$47.11	1.79	0.79%	$5.30	1.00	3.39%	$34.20	2.33
Radiology	70.90%	$70.79	2.61	77.06%	$63.21	2.37	82.28%	$59.21	2.02	76.84%	$63.81	2.06
CAT Scans	5.29%	$105.52	1.40	4.43%	$106.39	1.23	6.69%	$93.01	1.06	4.52%	$107.83	1.25
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	1.13%	$180.00	1.50
Ultrasound	7.23%	$50.82	1.20	6.44%	$40.01	1.09	10.24%	$38.44	1.08	7.91%	$46.44	1.21
Special Tests	63.32%	$51.43	3.06	66.80%	$50.86	2.72	69.69%	$37.51	2.57	68.93%	$73.19	3.09
Echocardiograph	8.99%	$74.45	1.24	8.65%	$67.04	1.19	5.51%	$61.24	1.14	10.73%	$72.24	1.16
Doppler	1.41%	$20.51	1.13	3.02%	$36.03	1.07	3.15%	$73.23	1.25	1.69%	$17.33	1.00
Selected Cardiac	57.85%	$33.36	2.75	63.18%	$33.69	2.49	66.14%	$27.78	2.45	67.80%	$37.88	2.75
Part B NEC	14.99%	$132.74		7.24%	$241.64		7.09%	$50.47		3.95%	$58.19	
PRE-HOSP												
Total Part B	49.38%	$55.37		57.55%	$51.24		58.66%	$75.62		54.24%	$73.74	
Office Visits	24.87%	$23.01	1.28	29.38%	$20.93	1.10	22.44%	$21.07	1.12	24.29%	$25.32	1.16
Home Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
SNF/NH Visits	0.18%	$14.90	1.00	0.00%	$0.00	0	0.39%	$16.00	1.00	0.00%	$0.00	0
ER Visits	15.87%	$30.62	1.01	24.14%	$31.31	1.03	29.53%	$33.60	1.05	27.12%	$38.54	1.08
Consults	0.88%	$55.04	1.00	0.80%	$56.05	1.00	1.97%	$73.80	1.00	0.56%	$60.00	1.00
Surgery	1.23%	$49.41	1.00	1.81%	$129.08	1.33	3.54%	$285.91	1.11	3.39%	$142.06	1.33
Lab	8.82%	$30.80	2.30	9.46%	$20.59	2.26	11.02%	$13.40	2.11	11.86%	$22.99	2.24
Radiology	8.47%	$29.87	1.23	13.28%	$24.53	1.12	12.99%	$28.51	1.30	10.17%	$36.17	1.17
CAT Scans	0.18%	$80.00	1.00	0.00%	$0.00	0	0.79%	$94.30	1.00	0.56%	$84.60	1.00
Ultrasound	0.35%	$61.00	1.00	0.00%	$0.00	0	0.39%	$70.12	2.00	1.13%	$78.50	1.00
Special Tests	14.64%	$27.38	1.27	17.91%	$31.75	1.23	22.83%	$29.88	1.26	25.42%	$30.46	1.33
Echocardiograph	0.00%	$0.00	0	0.20%	$127.40	2.00	0.00%	$0.00	0	0.00%	$0.00	0
POST-HOSP												
Total Part B	21.52%	$67.44		33.60%	$56.57		41.34%	$104.73		29.94%	$79.84	
Office Visits	11.82%	$19.51	1.15	20.72%	$19.99	1.09	26.38%	$22.86	1.15	18.08%	$23.05	1.22
Home Visits	0.35%	$39.50	1.00	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
SNF/NH Visits	0.35%	$22.85	1.50	0.20%	$42.00	2.00	0.39%	$17.00	1.00	0.00%	$0.00	0
ER Visits	1.41%	$25.74	1.13	2.82%	$27.19	1.29	2.36%	$27.72	1.00	1.13%	$18.70	1.00
Consults	0.71%	$79.40	1.00	1.21%	$63.58	2.00	1.57%	$58.50	1.00	1.13%	$44.70	1.00
Surgery	0.88%	$66.35	1.40	1.21%	$119.73	1.00	1.97%	$716.96	1.00	1.13%	$430.22	1.50
Lab	5.29%	$21.02	2.30	5.43%	$17.48	1.74	8.27%	$13.41	1.86	6.78%	$11.52	1.50
Radiology	2.82%	$69.70	1.31	5.03%	$38.32	1.28	6.30%	$93.70	1.44	3.39%	$230.20	1.33
CAT Scans	0.00%	$0.00	0	0.20%	$164.10	2.00	0.79%	$261.60	2.00	0.00%	$0.00	0
Ultrasound	0.00%	$0.00	0	0.20%	$49.70	1.00	0.39%	$26.00	1.00	0.00%	$0.00	0
Special Tests	5.47%	$41.12	1.13	9.26%	$55.14	1.24	14.17%	$63.04	1.11	7.91%	$49.88	1.00
Echocardiograph	0.00%	$0.00	0	0.80%	$77.95	1.25	1.18%	$66.33	1.00	0.00%	$0.00	0

CORONARY ARTERY DISEASE
POSITIVE CASES
DRG 140

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		6.65	100.00%		5.84	100.00%		5.54	100.00%		5.51
Total Part B	92.17%	$262.74		94.92%	$246.64		93.39%	$257.70		93.50%	$276.11	
Hospital Visits	88.56%	$156.89	6.39	89.98%	$150.68	5.50	88.79%	$150.77	5.36	88.43%	$156.45	5.35
ICU Visits	16.37%	$114.08	2.52	19.07%	$98.69	2.31	19.38%	$97.82	2.96	21.01%	$104.82	3.05
Consults	18.61%	$80.55	1.14	19.85%	$86.52	1.17	20.70%	$89.26	1.26	24.33%	$90.35	1.41
Surgery	4.07%	$198.82	1.19	3.28%*	$176.84	1.21	3.51%*	$180.51	1.20	3.56%	$198.48	1.22
Lab	8.90%	$56.55	9.14	2.32%	$28.14	1.98	3.15%	$27.67	1.89	3.58%	$33.43	2.23
Radiology	62.18%	$41.90	1.91	73.84%	$36.46	1.81	74.28%	$36.10	1.77	73.60%	$38.42	1.79
CAT Scans	1.63%	$96.44	1.00	1.90%	$89.81	1.04	2.34%	$94.02	1.08	3.13%	$96.51	1.12
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.02%	$278.50	1.00
Ultrasound	4.27%	$51.81	1.06	4.86%	$43.20	1.08	5.19%	$42.93	1.07	5.85%	$42.04	1.05
Special Tests	55.52%	$40.57	2.89	60.44%	$38.23	2.65	72.59%	$38.94	2.90	75.30%	$43.34	2.99
Echocardiograph	5.54%	$64.34	1.20	5.96%	$71.33	1.19	8.26%	$68.02	1.17	10.27%	$77.76	1.21
Doppler	0.46%	$34.64	1.11	0.76%	$54.64	1.27	1.18%	$62.31	1.30	1.78%	$62.32	1.28
Selected Cardiac	53.43%	$33.28	2.78	58.18%	$30.05	2.55	71.32%	$29.32	2.74	73.80%	$30.28	2.81
Part B NEC	10.07%	$72.82	0	8.75%	$67.26	0	13.85%	$49.56	0	12.80%	$50.13	0
PRE-HOSP												
Total Part B	55.36%	$52.80		58.15%	$50.98		64.10%	$60.76		68.76%	$61.32	
Office Visits	25.98%	$22.26	1.20	23.30%	$22.73	1.16	25.16%	$23.88	1.18	25.67%	$24.16	1.17
Home Visits	0.56%	$26.03	1.09	0.36%	$27.38	1.02	0.44%	$28.87	1.09	0.34%	$31.01	1.06
SNF/NH Visits	0.36%	$21.00	1.43	0.42%	$24.53	1.35	0.46%	$29.29	1.32	0.51%	$19.35	1.08
ER Visits	19.06%	$35.43	1.03	27.75%	$35.39	1.03	30.28%	$37.62	1.04	33.64%	$38.60	1.04
Consults	0.76%	$67.70	1.00	0.78%	$69.67	1.03	1.02%	$59.34	1.11	1.01%	$63.80	1.04
Surgery	1.12%	$73.61	1.18	1.67%	$64.48	1.11	2.02%	$86.36	1.21	2.87%	$78.18	1.17
Lab	9.41%	$22.23	2.28	8.43%	$18.13	2.01	9.71%	$17.33	2.13	10.92%	$17.97	2.12
Radiology	9.56%	$25.32	1.17	11.19%	$23.17	1.15	13.88%	$25.26	1.19	17.28%	$24.07	1.20
CAT Scans	0.00%	$0.00	0	0.07%	$101.59	1	0.14%	$167.24	1.31	0.17%	$130.91	1.12
Ultrasound	0.05%	$80.00	1.00	0.08%	$77.73	1.00	0.27%	$70.96	1.04	0.24%	$83.76	1.07
Special Tests	19.17%	$31.99	1.24	20.57%	$29.53	1.25	25.57%	$28.76	1.37	27.00%	$29.64	1.36
Echocardiograph	0.25%	$146.80	1.80	0.15%	$147.15	1.47	0.17%	$101.01	1.30	0.28%	$131.42	1.31
POST-HOSP												
Total Part B	31.67%	$44.11		45.21%	$55.50		38.31%	$67.41		35.90%	$68.61	
Office Visits	22.52%	$19.87	1.10	25.19%	$21.38	1.12	23.81%	$21.90	1.11	24.32%	$22.21	1.10
Home Visits	0.61%	$34.85	1.25	0.31%	$32.88	1.20	0.26%	$29.43	1.13	0.26%	$35.25	1.16
SNF/NH Visits	1.02%	$40.82	1.65	1.10%	$30.68	1.27	1.08%	$33.24	1.20	0.86%	$28.51	1.20
ER Visits	1.32%	$29.81	1.12	2.21%	$31.59	1.07	2.47%	$29.70	1.06	2.53%	$30.58	1.07
Consults	0.61%	$60.00	1.00	1.06%	$70.23	1.04	1.16%	$70.50	1.05	0.98%	$67.54	1.06
Surgery	0.46%	$48.36	1.00	1.13%	$222.81	1.23	1.30%	$344.23	1.27	2.07%	$213.50	1.19
Lab	6.15%	$14.67	1.71	7.15%	$16.88	1.87	7.27%	$17.09	2.02	8.04%	$16.35	1.94
Radiology	3.25%	$49.27	1.31	5.62%	$47.65	1.38	5.18%	$53.35	1.40	4.94%	$57.72	1.43
CAT Scans	0.15%	$263.27	1.67	0.15%	$141.42	1.05	0.21%	$108.71	1.14	0.21%	$139.85	1.15
Ultrasound	0.25%	$79.45	1.00	0.34%	$57.87	1.02	0.34%	$53.05	1.10	0.33%	$58.52	1.03
Special Tests	6.35%	$41.51	1.19	8.86%	$51.36	1.31	10.03%	$51.52	1.31	9.74%	$57.09	1.29
Echocardiograph	0.31%	$94.22	1.33	0.39%	$89.68	1.26	0.38%	$107.94	1.20	0.41%	$120.39	1.37

STROKE
POSITIVE CASES
DRG 14

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		15.22	100.00%		11.88	100.00%		10.68	100.00%		10.13
Total Part B	92.17%	$534.33		95.09%	$500.99		93.91%	$506.19		93.39%	$524.65	
Hospital Visits	88.41%	$320.00	14.61	90.81%	$294.82	12.33	90.16%	$282.81	11.43	89.32%*	$284.97	10.88
ICU Visits	5.83%	$149.48	3.65	7.47%	$145.60	3.76	8.10%	$135.27	4.00	8.59%*	$137.65	3.90
Consults	39.37%	$103.14	1.50	41.77%	$109.14	1.55	42.51%	$111.14	1.60	44.60%	$116.93	1.73
Surgery	8.83%	$112.55	1.21	11.74%	$141.06	1.25	10.21%*	$147.98	1.25	8.87%	$171.44	1.25
Lab	12.70%	$63.31	11.29	2.77%	$34.44	2.94	3.67%	$30.28	2.11	3.79%	$33.36	2.18
Radiology	70.87%	$134.31	3.23	80.91%	$120.23	3.06	82.45%	$121.99	2.95	82.92%*	$126.65	3.02
CAT Scans	41.90%	$112.18	1.21	51.84%	$97.28	1.21	58.32%	$94.96	1.21	63.72%*	$96.92	1.22
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.75%	$156.04	1.03
Ultrasound	4.45%	$60.22	1.14	4.95%	$50.02	1.13	4.46%	$45.58	1.12	4.72%	$48.81	1.21
Special Tests	55.60%	$46.27	2.24	57.64%	$44.53	2.05	67.97%	$48.22	2.14	71.15%	$55.91	2.29
Echocardiograph	5.41%	$81.75	1.22	7.80%	$74.33	1.20	10.69%	$73.74	1.18	13.79%	$83.22	1.24
Doppler	4.11%	$34.06	1.06	6.11%	$63.31	1.28	10.72%	$71.00	1.32	13.79%	$71.51	1.32
Selected Cardiac	49.92%	$18.02	1.56	50.25%	$16.08	1.53	60.21%	$15.47	1.57	63.04%	$15.71	1.62
Part B HHC	21.57%	$95.38	0	11.61%	$85.24	0	15.26%	$67.30	0	14.92%	$60.40	0
PRE-HOSP												
Total Part B	51.77%	$59.16		54.32%	$55.95		62.00%	$68.31		65.70%	$74.76	
Office Visits	16.08%	$22.77	1.18	16.12%	$23.66	1.15	18.17%	$24.27	1.16	18.45%	$25.01	1.16
Home Visits	1.53%	$30.09	1.20	1.54%	$31.01	1.19	1.63%	$31.66	1.13	1.64%	$30.35	1.10
SNF/NH Visits	1.84%	$23.01	1.23	2.12%	$22.10	1.15	1.99%	$23.26	1.14	1.67%	$22.38	1.17
ER Visits	23.71%	$34.78	1.05	29.97%	$35.38	1.04	33.76%	$37.89	1.05	35.92%	$40.60	1.06
Consults	1.38%	$64.83	1.00	1.44%	$78.86	1.16	1.98%	$73.63	1.04	2.02%	$79.90	1.07
Surgery	1.00%	$47.37	1.19	2.25%	$60.33	1.18	2.74%	$107.76	1.22	3.76%	$108.63	1.14
Lab	8.86%	$26.00	2.75	8.03%	$19.76	2.32	9.38%	$19.10	2.31	10.06%	$20.00	2.33
Radiology	9.44%	$58.85	1.44	10.68%	$52.22	1.41	13.23%	$55.63	1.42	16.66%	$62.90	1.46
CAT Scans	2.30%	$140.10	1.03	2.79%	$113.12	1.07	4.10%	$104.95	1.05	6.53%	$95.73	1.04
Ultrasound	0.12%	$207.13	1.00	0.24%	$89.30	1.03	0.19%	$87.54	1.03	0.22%	$73.52	1.08
Special Tests	7.02%	$21.80	1.21	8.94%	$25.93	1.20	13.06%	$25.48	1.26	14.01%	$28.85	1.28
Echocardiograph	0.08%	$75.25	1.00	0.14%	$94.78	1.15	0.16%	$88.56	1.21	0.27%	$127.24	1.35
POST-HOSP												
Total Part B	31.35%	$71.93		35.14%	$61.37		32.95%	$79.00		32.21%	$84.80	
Office Visits	9.71%	$20.80	1.15	11.88%	$22.32	1.19	11.44%	$22.21	1.15	11.55%	$22.46	1.11
Home Visits	1.34%	$33.94	1.00	0.54%	$33.89	1.19	0.58%	$36.20	1.27	0.45%	$35.26	1.29
SNF/NH Visits	7.18%	$28.77	1.15	8.89%	$32.37	1.22	8.19%	$34.23	1.28	6.46%	$31.92	1.36
ER Visits	0.96%	$31.12	1.08	1.22%	$29.92	1.03	1.23%	$28.19	1.05	1.16%	$32.15	1.05
Consults	1.42%	$85.48	1.08	1.20%	$81.86	1.14	1.52%	$78.69	1.10	2.17%	$92.73	1.73
Surgery	0.38%	$128.65	1.10	0.62%	$212.63	1.34	0.68%	$247.12	1.41	2.05%	$74.68	1.31
Lab	8.21%	$20.14	2.30	9.74%	$19.12	2.22	10.64%	$18.19	2.40	10.85%	$18.72	2.30
Radiology	2.34%	$81.83	1.56	3.90%	$81.49	1.62	4.37%	$80.81	1.80	4.69%	$69.14	1.62
CAT Scans	0.38%	$180.22	1.00	1.10%	$127.47	1.10	1.16%	$113.46	1.09	1.11%	$114.24	1.08
Ultrasound	0.12%	$63.75	1.00	0.12%	$53.16	1.00	0.18%	$76.02	1.03	0.12%	$56.71	1.05
Special Tests	2.38%	$35.88	1.24	2.80%	$48.15	1.43	3.31%	$53.66	1.39	3.87%	$55.83	1.46
Echocardiograph	0.15%	$129.38	1.50	0.24%	$93.16	1.26	0.33%	$97.02	1.26	0.37%	$117.43	1.24

STROKE
ALL POSITIVE CASES
DRG 15

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		7.35	100.00%		6.02	100.00%		5.76	100.00%		5.77
Total Part B	90.88%	$392.07		95.27%	$380.91		94.42%	$398.24		93.95%	$411.00	
Hospital Visits	86.14%	$175.22	7.19	89.36%	$167.77	6.25	89.78%	$166.67	6.05	89.39%	$176.50	6.15
ICU Visits	2.37%	$92.30	2.53	2.50%	$113.15	2.74	3.57%	$93.98	2.74	3.45%	$108.08	3.27
Consults	31.80%	$92.52	1.36	33.42%	$96.58	1.37	35.03%	$99.22	1.39	36.54%*	$102.41	1.49
Surgery	7.16%*	$163.34	1.13	6.75%*	$205.55	1.17	6.92%*	$175.30	1.16	6.16%	$184.19	1.20
Lab	11.05%	$39.38	7.93	2.02%	$31.63	2.07	2.05%	$27.79	1.79	2.75%	$35.29	1.83
Radiology	71.53%	$169.41	2.58	76.97%	$161.44	2.45	78.72%	$164.06	2.33	79.41%	$152.93	2.33
CAT Scans	28.91%	$104.91	1.12	35.02%	$87.89	1.07	40.55%	$88.42	1.09	47.63%*	$87.43	1.07
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.67%	$154.06	1.017
Ultrasound	4.37%	$51.99	1.14	5.97%	$46.51	1.13	5.11%	$41.62	1.12	5.61%	$47.67	1.19
Special Tests	54.26%	$44.63	2.04	58.03%	$49.36	1.97	67.38%	$53.81	2.13	71.76%	$63.24	2.25
Echocardiograph	4.67%	$77.71	1.19	7.71%	$70.27	1.17	10.12%	$70.57	1.16	13.83%*	$77.10	1.20
Doppler	6.89%	$32.91	1.07	10.90%	$63.81	1.33	15.87%	$72.11	1.33	21.49%	$73.49	1.37
Selected Cardiac	48.18%	$21.36	1.49	49.64%	$18.36	1.40	59.44%	$17.30	1.47	62.23%	$17.57	1.50
Part B NEC	12.82%	$77.25	0	9.64%	$93.38	0	13.13%	$70.23	0	11.80%	$64.38	0
PRE-HOSP												
Total Part B	52.34%	$62.61		54.91%	$59.64		61.22%	$70.35		65.43%	$71.95	
Office Visits	22.91%	$23.96	1.19	22.60%	$24.40	1.16	24.80%	$25.90	1.18	25.07%	$27.05	1.19
Home Visits	0.96%	$24.55	1.00	0.90%	$29.34	1.11	0.90%	$29.17	1.05	1.01%	$30.13	1.09
SNF/NH Visits	0.74%	$18.55	1.10	0.66%	$24.19	1.17	0.72%	$24.17	1.18	0.74%	$21.80	1.14
ER Visits	18.68%	$34.90	1.03	24.88%	$34.93	1.04	27.91%	$36.97	1.05	32.52%	$39.34	1.05
Consults	2.74%	$65.80	1.00	2.94%	$70.12	1.03	2.62%	$75.34	1.05	2.52%	$73.87	1.07
Surgery	0.89%	$76.48	1.17	1.63%	$63.23	1.24	1.93%	$122.89	1.21	2.88%	$100.35	1.20
Lab	9.12%	$24.43	2.15	9.04%	$20.85	2.29	10.14%	$21.25	2.57	11.16%	$19.73	2.31
Radiology	8.82%	$88.88	1.56	9.97%	$63.62	1.36	12.16%	$66.70	1.36	13.55%	$67.40	1.40
CAT Scans	1.48%	$157.85	1.05	1.69%	$140.69	1.08	2.48%	$117.68	1.04	3.59%	$110.53	1.05
Ultrasound	0.67%	$122.19	1.00	0.62%	$103.47	1.00	0.56%	$68.52	1.08	0.49%	$57.02	1.068
Special Tests	7.71%	$29.63	1.14	11.47%	$39.44	1.22	16.00%	$42.74	1.32	16.02%	$42.21	1.33
Echocardiograph	0.00%	$0.00	0	0.20%	$103.56	1.44	0.26%	$113.42	1.46	0.26%	$104.70	1.39
POST-HOSP												
Total Part B	34.69%	$54.57		43.11%	$64.19		39.11%	$65.65		37.47%	$72.40	
Office Visits	19.35%	$19.99	1.12	22.43%	$22.08	1.16	21.84%	$22.51	1.15	22.82%	$22.64	1.123
Home Visits	0.44%	$34.67	1.00	0.47%	$28.63	1.11	0.35%	$31.79	1.18	0.40%	$32.48	1.111
SNF/NH Visits	2.89%	$26.60	1.05	2.18%	$30.91	1.18	2.80%	$31.97	1.18	1.96%	$28.25	1.098
ER Visits	0.89%	$26.67	1.00	1.20%	$27.38	1.05	1.25%	$29.50	1.04	1.39%	$29.90	1.065
Consults	0.96%	$77.66	1.15	1.76%	$72.04	1.04	1.61%	$74.74	1.06	1.61%	$70.87	1.182
Surgery	0.15%	$20.45	1.00	0.90%	$224.38	1.19	1.19%	$217.49	1.21	3.01%	$115.50	1.243
Lab	8.01%	$17.11	2.40	10.65%	$16.00	1.99	11.68%	$15.08	2.13	13.02%	$16.38	2.136
Radiology	4.08%	$122.53	1.38	6.07%	$104.52	1.44	5.42%	$107.56	1.42	4.90%	$111.88	1.486
CAT Scans	1.63%	$136.38	1.05	1.84%	$130.99	1.07	2.01%	$117.09	1.05	1.48%	$128.59	1.045
Ultrasound	0.30%	$94.75	1.00	0.48%	$82.38	1.23	0.34%	$66.56	1.06	0.22%	$83.35	1.05
Special Tests	4.23%	$53.99	1.30	5.47%	$66.78	1.36	6.10%	$66.40	1.39	6.10%	$83.21	1.514
Echocardiograph	0.44%	$131.58	1.67	0.72%	$99.33	1.35	0.58%	$95.66	1.20	0.62%	$116.72	1.418

LUNG CANCER
POSITIVE CASES
DRG 82

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		10.22	100.00%		9.69	100.00%		9.13	100.00%		9.23
Total Part B	89.95%	$521.57		94.23%	$560.45		94.51%	$619.32		93.74%	$667.20	
Hospital Visits	83.26%	$237.74	10.19	85.58%	$246.88	9.84	88.49%	$249.85	9.58	87.82%*	$267.01	9.93
ICU Visits	1.40%	$183.14	4.78	2.07%	$139.88	3.53	2.40%	$142.76	4.65	2.94%	$149.64	4.42
Consults	33.02%	$100.25	1.52	38.54%	$107.29	1.61	43.07%	$117.71	1.72	45.02%	$126.00	1.84
Surgery	28.98%*	$254.09	1.42	38.44%*	$268.73	1.39	44.13%*	$271.57	1.42	40.28%	$293.77	1.38
Anesthesia	4.75%	$157.16		5.72%	$156.89		6.67%	$159.31		5.99%	$167.32	
Lab	15.65%	$81.28	7.98	27.74%	$66.44	3.04	38.54%	$68.43	3.03	40.44%*	$84.18	3.26
Surgical Pathology	6.54%	$51.09	1.63	18.64%	$43.45	1.60	26.33%	$46.03	1.66	30.06%*	$57.57	1.77
Radiology	68.93%	$172.75	5.44	77.60%	$163.33	5.13	80.60%	$166.91	5.17	81.54%	$181.89	5.09
CAT Scans	19.24%	$129.70	1.34	25.66%	$127.30	1.42	30.18%	$132.29	1.47	33.86%*	$141.04	1.57
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.54%	$179.15	1.04
Radiation Therapy	11.99%	$262.87		11.62%	$230.46		11.35%	$216.60		11.65%	$251.16	
Special Tests	32.63%	$27.16	1.70	33.93%	$27.09	1.72	46.75%	$26.07	1.77	50.08%*	$26.40	1.75
Echocardiograph	2.26%	$64.51	1.17	1.98%	$76.04	1.24	3.45%	$72.72	1.20	4.27%*	$78.27	1.20
Ultrasound	4.91%	$63.86	1.21	5.61%	$53.98	1.18	6.61%	$51.53	1.12	7.35%	$55.45	1.15
Selected Cardiac	29.13%	$15.45	1.38	29.62%	$13.45	1.35	42.53%	$11.95	1.39	46.18%*	$12.23	1.40
Part B NEC	11.06%	$114.24	0	6.33%	$65.70	0	8.97%	$54.97	0	8.67%	$63.20	0
PRE-HOSP												
Total Part B	53.35%	$81.98		56.06%	$77.33		64.49%	$90.90		67.26%	$101.88	
Office Visits	26.56%	$24.51	1.16	28.37%	$26.06	1.18	32.61%	$27.81	1.19	32.99%	$28.66	1.23
Home Visits	1.32%	$24.05	1.00	1.35%	$28.29	1.09	1.75%	$33.68	1.16	1.59%	$31.87	1.13
SNF/NH Visits	0.86%	$22.78	1.00	0.39%	$20.60	1.09	0.79%	$27.04	1.07	0.48%	$22.15	1.17
ER Visits	7.55%	$33.11	1.09	10.94%	$33.10	1.05	14.29%	$35.84	1.03	18.79%	$39.79	1.06
Consults	2.34%	$65.29	1.07	3.19%	$72.96	1.05	3.71%	$68.12	1.05	3.99%	$77.55	1.08
Surgery	1.79%	$95.69	1.04	2.53%	$108.06	1.10	4.15%	$140.85	1.20	6.01%	$118.76	1.16
Lab	18.30%	$31.22	2.86	17.64%	$29.38	2.60	21.05%	$28.69	2.72	21.40%	$32.64	2.71
Radiology	25.78%	$70.32	1.90	27.69%	$63.86	1.70	34.57%	$64.44	1.74	36.42%	$69.48	1.80
CAT Scans	1.09%	$262.53	1.50	2.17%	$181.97	1.26	3.38%	$175.18	1.23	3.88%	$161.45	1.23
Radiation Therapy	3.43%	$159.68		2.71%	$133.99		2.48%	$148.42		3.26%	$152.51	
Ultrasound	0.31%	$59.69	1.00	0.45%	$95.35	1.00	0.54%	$74.33	1.13	1.00%	$73.41	1.04
Special Tests	4.36%	$31.82	1.29	6.36%	$30.70	1.24	9.64%	$28.93	1.31	10.96%	$32.25	1.36
Echocardiograph	0.00%	$0.00	0	0.09%	$123.94	1.60	0.14%	$138.51	1.25	0.19%	$124.64	1.11
POST-HOSP												
Total Part B	28.89%	$138.16		36.90%	$136.34		36.27%	$152.82		32.01%	$162.38	
Office Visits	10.36%	$21.92	1.11	12.69%	$25.08	1.16	13.26%	$25.66	1.16	11.59%	$25.66	1.12
Home Visits	0.78%	$23.65	1.40	0.57%	$41.13	1.41	0.79%	$35.40	1.24	0.67%	$40.33	1.28
SNF/NH Visits	1.64%	$22.91	1.24	2.05%	$31.34	1.19	2.80%	$39.13	1.54	2.40%	$30.69	1.25
ER Visits	0.70%	$38.81	1.89	1.66%	$31.36	1.18	1.57%	$27.34	1.03	1.73%	$34.57	1.08
Consults	3.12%	$60.07	1.03	3.99%	$65.20	1.05	4.25%	$69.16	1.08	3.49%	$74.01	1.08
Surgery	0.39%	$98.84	1.20	0.91%	$114.97	1.39	1.45%	$219.12	1.36	1.61%	$98.07	1.16
Lab	7.48%	$26.59	2.45	8.41%	$27.19	2.39	9.59%	$28.57	2.40	8.71%	$30.33	2.50
Radiology	13.94%	$180.85	5.46	17.59%	$194.36	4.92	17.35%	$209.59	5.54	16.79%	$218.73	5.27
CAT Scans	0.93%	$140.00	1.25	1.64%	$150.18	1.27	1.56%	$158.05	1.27	1.48%	$121.49	1.13
Radiation Therapy	8.72%	$213.18		10.26%	$230.73		10.09%	$251.46		10.59%	$243.12	
Ultrasound	0.00%	$0.00	0	0.14%	$79.75	1.00	0.19%	$71.87	1.18	0.10%	$51.18	1.00
Special Tests	1.09%	$36.44	1.14	1.91%	$28.76	1.28	2.24%	$36.34	1.44	1.75%	$33.89	1.41
Echocardiograph	0.16%	$60.75	1.50	0.02%	$82.80	2.00	0.05%	$108.33	1.33	0.10%	$78.82	1.00

LUNG CANCER
POSITIVE CASES
DRG 410

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		3.23	100.00%		3.23	100.00%		3.14	100.00%		3.46
Total Part B	90.63%	$120.04		84.24%	$127.42		89.50%	$138.67		92.70%	$162.05	
Hospital Visits	78.13%	$104.16	3.14	73.69%	$104.12	2.91	84.79%	$108.01	3.06	89.52%	$120.59	3.33
ICU Visits	0.00%	$0.00	0	0.20%	$72.00	1.00	0.24%	$129.40	5.75	0.49%	$155.38	3.78
Consults	4.69%	$73.40	1.00	5.62%	$82.35	1.68	5.31%	$68.62	1.21	7.08%	$81.54	1.16
Surgery	1.56%	$280.00	1.00	3.89%*	$130.05	1.08	2.29%	$190.19	1.13	3.84%	$185.15	1.13
Lab	3.13%	$85.85	1.50	2.27%	$42.23	2.83	2.23%	$41.15	1.95	2.03%	$62.33	1.95
Radiology	39.06%	$31.12	1.24	39.31%	$42.24	1.65	42.06%	$46.14	1.60	41.50%*	$52.74	1.80
CAT Scans	6.25%	$87.60	1.00	3.05%	$103.30	1.10	4.83%	$113.07	1.30	5.81%	$108.72	1.21
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.11%	$120.00	1.00
Radiation Therapy	0.00%	$0.00		1.87%	$97.32		1.75%	$112.51		2.03%	$163.60	
Special Tests	18.75%	$12.45	1.08	15.27%	$13.64	1.10	20.64%	$13.53	1.17	25.45%	$15.32	1.23
Selected Cardiac	18.75%	$12.45	1.08	13.99%	$10.52	1.05	18.29%	$9.12	1.08	23.86%	$9.42	1.09
Part B NEC	1.56%	$155.00	0	0.99%	$46.41	0	0.91%	$21.68	0	0.66%	$89.27	0
PRE-HOSP												
Total Part B	59.38%	$71.17		59.61%	$88.11		64.15%	$86.04		72.79%	$89.08	
Office Visits	42.19%	$27.53	1.11	28.67%	$31.53	1.12	37.18%	$28.98	1.17	44.21%	$30.98	1.20
Home Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.12%	$31.65	1.00	0.05%	$24.80	1.00
SNF/NH Visits	0.00%	$0.00	0	0.10%	$20.00	1.00	0.18%	$21.40	1.00	0.11%	$43.55	1.50
ER Visits	0.00%	$0.00	0	3.84%	$26.49	1.08	1.75%	$31.62	1.24	2.63%	$23.09	1.00
Consults	3.13%	$75.20	1.00	2.76%	$85.32	1.11	2.90%	$79.83	1.10	3.57%	$81.71	1.08
Surgery	3.13%	$41.75	1.50	2.17%	$94.06	1.00	2.05%	$117.60	1.09	6.80%	$53.51	1.13
Lab	39.06%	$24.80	2.48	41.58%	$32.92	3.05	46.47%	$27.50	2.96	49.81%	$28.89	2.96
Radiology	32.81%	$47.51	1.48	30.44%	$72.13	1.54	30.54%	$73.51	1.61	35.27%	$72.87	1.61
CAT Scans	0.00%	$0.00	0	3.25%	$185.02	1.21	3.02%	$220.17	1.36	3.84%	$160.03	1.26
Radiation Therapy	3.13%	$204.68		2.17%	$173.81		2.35%	$154.39		2.52%	$244.62	
Special Tests	4.69%	$36.43	1.00	3.45%	$37.38	1.14	2.60%	$31.22	1.49	3.68%	$32.07	1.45
POST-HOSP												
Total Part B	15.63%	$111.54		30.54%	$70.36		26.61%	$75.79		29.07%	$72.72	
Office Visits	7.81%	$27.74	1.20	12.02%	$22.62	1.07	14.00%	$23.24	1.14	14.76%	$25.14	1.17
Home Visits	0.00%	$0.00	0	0.10%	$31.00	1.00	0.06%	$41.20	1.00	0.22%	$25.53	1.00
SNF/NH Visits	0.00%	$0.00	0	0.59%	$25.75	1.00	0.24%	$25.03	1.25	0.16%	$28.40	1.00
ER Visits	0.00%	$0.00	0	1.77%	$25.24	1.00	0.97%	$32.16	1.13	1.81%	$29.72	1.03
Consults	0.00%	$0.00	0	0.39%	$47.30	1.00	1.03%	$54.62	1.00	0.71%	$104.89	1.23
Surgery	1.56%	$31.90	2.00	0.59%	$30.83	1.17	0.48%	$72.69	1.75	2.36%	$13.95	1.16
Lab	6.25%	$41.14	4.00	13.60%	$27.76	2.96	11.89%	$20.93	2.67	13.33%	$20.75	2.57
Radiology	4.69%	$215.77	5.00	9.85%	$118.41	2.69	6.22%	$167.21	3.45	7.46%	$144.93	3.04
CAT Scans	0.00%	$0.00	0	0.99%	$160.73	1.10	0.42%	$200.81	1.71	0.71%	$141.04	1.15
Radiation Therapy	1.56%	$343.80		2.76%	$253.66		2.23%	$339.99		2.63%	$284.61	
Special Tests	1.56%	$30.00	1.00	2.36%	$26.35	1.29	2.66%	$26.18	1.23	2.58%	$26.30	1.28

JOINTS
POSITIVE CASES

DRG 209

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	HOS	PCT	EXP	HOS	PCT	EXP	HOS	PCT	EXP	HOS
INPATIENT												
Length of Stay	100.00%		17.94	100.00%		15.67	100.00%		14.38	100.00%		13.84
Total Part B	91.94%	$2,439.40	10.84	95.57%	$2,521.69		93.03%	$2,513.37		92.97%	$2,610.12	
Hospital Visits	58.96%	$228.50	2.93	62.26%	$226.00	9.64	59.59%	$216.82	8.95	58.99%*	$206.50	8.14
ICU Visits	2.30%	$123.36	1.53	2.62%	$148.01	3.90	2.83%	$146.96	4.60	2.88%	$157.06	4.78
Consults	44.57%	$84.30	1.20	42.80%	$88.92	1.44	40.15%	$92.70	1.58	39.13%*	$99.08	1.72
Surgery	87.34%	$1,816.05		92.83%	$1,841.08	1.19	90.04%	$1,848.20	1.20	89.93%	$1,942.43	1.20
Assistant Surgery	46.79%	$371.67		51.97%	$366.75		49.63%	$369.40		47.34%	$394.81	
Anesthesia	99.67%	$270.36	8.92	99.95%	$285.97		100.00%	$285.16		100.00%	$288.08	
Lab	26.23%	$55.89	3.77	61.55%	$25.22	1.32	66.87%	$26.97	1.29	67.82%*	$29.08	1.37
Surgical Pathology	19.65%	$24.01		61.07%	$24.30	1.22	66.40%	$26.38	1.24	67.33%	$28.30	1.30
Radiology	79.52%	$61.30	1.96	85.73%	$54.88	3.56	86.44%	$52.84	3.46	86.90%	$53.34	3.37
CAT Scans	2.22%	$109.27	0	2.41%	$98.37	1.15	2.65%	$94.15	1.14	2.78%*	$94.99	1.15
MRI	0.00%	$0.00		0.00%	$0.00	0	0.00%	$0.00	0	0.02%	$168.30	1.00
Special Tests	53.87%	$23.80	0	51.25%	$19.39	1.59	54.38%	$18.63	1.59	58.00%*	$19.76	1.64
Selected Cardiac	52.55%	$14.04	1.20	49.78%	$14.13	1.42	53.00%	$13.28	1.47	56.86%*	$13.50	1.49
Part B NEC	14.14%	$83.54	1.07	5.83%	$91.07		6.51%	$92.20		6.23%	$64.06	
PRE-HOSP												
Total Part B	41.04%	$74.84	1.18	46.93%	$68.94		55.06%	$75.03		59.88%	$89.00	
Office Visits	16.61%	$27.64	1.00	17.82%	$28.29	1.11	21.26%	$30.85	1.14	23.59%	$32.26	1.14
Home Visits	0.33%	$21.00	1.38	0.44%	$29.99	1.16	0.42%	$28.15	1.09	0.39%	$33.19	1.12
SNF/NH Visits	1.32%	$24.13	1.06	1.11%	$22.50	1.08	1.42%	$22.75	1.08	1.15%	$21.37	1.13
ER Visits	8.80%	$32.32	1.00	14.08%	$34.35	1.04	14.51%	$35.63	1.05	14.57%	$37.24	1.05
Consults	1.89%	$55.36	1.05	2.12%	$55.68	1.02	2.99%	$58.31	1.02	3.82%	$62.81	1.02
Surgery	1.64%	$258.15	2.00	1.41%	$235.21	1.42	1.95%	$267.79	1.11	3.23%	$296.15	1.10
Lab	8.55%	$39.85	1.66	10.35%	$33.99	3.10	13.67%	$33.80	3.35	16.55%	$33.54	3.39
Radiology	18.67%	$41.81	1.26	22.55%	$38.46	1.67	28.05%	$36.68	1.61	32.04%	$38.76	1.69
CAT Scans	0.08%	$275.00		0.05%	$117.16	1.25	0.19%	$112.09	1.10	0.20%	$176.80	1.08
Special Tests	7.89%	$27.61	1.00	11.90%	$25.91	1.22	17.61%	$23.03	1.20	21.29%	$25.08	1.19
POST-HOSP												
Total Part B	20.07%	$58.40	1.22	24.25%	$55.54		23.97%	$64.28		24.07%	$71.89	
Office Visits	3.70%	$20.20	1.25	4.25%	$20.36	1.11	4.23%	$20.17	1.10	4.16%	$22.16	1.12
Home Visits	0.66%	$39.48	1.24	0.48%	$32.38	1.17	0.54%	$38.21	1.41	0.43%	$33.56	1.15
SNF/NH Visits	4.19%	$30.87	1.00	5.92%	$31.37	1.21	6.20%	$32.82	1.25	5.17%	$30.50	1.29
ER Visits	0.49%	$28.48	1.00	0.87%	$27.92	1.04	1.01%	$26.84	1.07	0.98%	$29.92	1.02
Consults	0.82%	$74.95	1.13	0.67%	$62.45	1.28	0.77%	$75.03	1.29	1.26%	$84.97	1.88
Surgery	0.66%	$174.46	0	0.69%	$234.55	1.12	0.69%	$182.47	1.28	1.25%	$64.41	1.18
Lab	2.80%	$14.69	1.15	5.25%	$20.70	2.30	5.99%	$18.94	2.31	5.98%	$20.98	2.42
Radiology	4.28%	$30.68	2.29	8.55%	$40.14	1.37	8.77%	$38.89	1.37	8.86%	$38.00	1.31
CAT Scans	0.00%	$0.00		0.05%	$127.58	1.00	0.05%	$90.82	1.00	0.06%	$114.64	1.00
Special Tests	1.40%	$41.73	0	1.18%	$39.02	2.28	1.22%	$39.91	2.52	1.57%	$34.15	2.19

Pacemaker
ALL POSITIVE CASES
DRG 115

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	HOS	PCT	EXP	OT	PCT	EXP	OT	PCT	EXP	OT
INPATIENT												
Length of Stay	100.00%		16.92	100.00%		16.40	100.00%		14.42	100.00%		14.63
Total Part B	88.24%	$1,749.59		92.22%	$1,984.71		92.44%	$1,951.74		88.79%	$1,991.16	
Hospital Visits	80.39%	$316.26	13.34	88.33%	$380.84	15.55	89.76%*	$350.19	13.83	86.45%	$357.08	13.08
ICU Visits	60.78%	$241.09	7.65	49.03%	$251.16	6.39	53.36%	$258.99	8.31	44.39%	$250.29	9.04
Consults	54.90%	$97.30	1.32	63.81%	$111.65	1.67	59.24%	$114.20	1.65	54.21%	$114.00	1.59
Surgery	80.39%	$1,028.73	1.95	89.69%*	$1,143.99	1.99	86.76%*	$1,142.86	1.99	81.31%	$1,212.23	1.95
Catheterizations	13.73%	$387.55		20.62%	$351.67		20.59%	$405.83		21.03%	$429.07	
Assistant Surgery	7.84%	$147.38		1.95%	$232.96		5.04%	$198.63		4.21%	$202.58	
Anesthesia	78.43%	$204.63		94.55%	$192.79		97.48%	$189.48		92.06%	$213.51	
Lab	13.73%	$100.39	13.00	5.84%	$46.86	5.80	3.78%	$29.09	2.33	5.14%	$42.98	3.18
Radiology	74.51%	$102.07	6.05	80.93%	$92.98	5.77	86.97%	$98.50	5.78	83.64%	$93.10	5.58
CAT Scans	1.96%	$77.00	1.00	6.23%	$95.52	1.13	5.46%	$83.19	1.15	5.14%	$97.32	1.18
Ultrasound	1.96%	$63.00	1.00	3.11%	$53.16	1.00	4.20%	$52.73	1.10	6.07%	$50.93	1.23
Special Tests	60.78%	$89.12	6.07	70.04%	$84.75	5.23	84.87%	$85.10	5.57	83.18%	$108.11	6.23
Echocardiograph	15.69%	$94.33	1.25	22.57%	$80.03	1.28	26.47%	$72.85	1.22	28.27%*	$76.04	1.28
Selected Cardiac	56.86%	$55.80	5.76	63.04%	$51.22	4.98	80.25%	$52.58	5.31	78.97%	$56.11	5.83
Part B EBC	27.45%	$91.08		15.95%	$146.06		23.11%	$60.02		20.56%	$99.63	
PRE-HOSP												
Total Part B	54.90%	$57.09		52.14%	$52.80		62.61%	$68.06		68.22%	$67.87	
Office Visits	17.65%	$25.00	1.33	17.90%	$21.04	1.09	23.11%	$23.95	1.09	19.63%	$26.95	1.17
Home Visits	0.00%	$0.00	0	1.56%	$28.80	1.00	0.00%	$0.00	0	1.87%	$29.50	1.00
SNF/NH Visits	0.00%	$0.00	0	0.78%	$35.50	1.00	0.00%	$0.00	0	0.47%	$14.40	1.00
ER Visits	27.45%	$33.67	1.00	27.63%	$36.10	1.09	31.93%	$36.18	1.07	35.51%	$39.49	1.08
Consults	1.96%	$50.00	1.00	0.39%	$35.00	1.00	0.84%	$70.30	1.00	0.93%	$78.60	1.00
Surgery	0.00%	$0.00	0	3.50%	$34.56	1.00	2.94%	$60.54	1.29	1.87%	$147.90	1.25
Anesthesia	0.00%	$0.00	0	0.39%	$46.80	1.00	0.00%	$0.00	0	0.00%	$0.00	0
Lab	13.73%	$24.43	2.00	8.95%	$23.19	2.35	10.50%	$16.13	2.20	8.41%	$17.69	2.17
Radiology	9.80%	$20.58	1.20	10.51%	$20.53	1.26	18.91%	$20.27	1.22	18.69%	$27.75	1.20
CAT Scans	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
Ultrasound	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.93%	$71.00	1.00
Special Tests	17.65%	$33.72	2.00	15.95%	$25.37	1.10	20.17%	$29.34	1.31	21.03%	$35.82	1.60
Echocardiograph	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
POST-HOSP												
Total Part B	27.45%	$56.36		43.19%	$55.25		41.60%	$62.28		36.92%	$68.12	
Office Visits	21.57%	$25.05	1.36	19.84%	$21.91	1.12	21.43%	$22.57	1.18	20.56%	$24.83	1.11
Home Visits	0.00%	$0.00	0	0.39%	$31.00	1.00	0.84%	$33.90	1.00	0.00%	$0.00	0.00
SNF/NH Visits	3.92%	$28.00	1.50	4.28%	$36.46	1.18	2.94%	$26.16	1.00	3.27%	$37.17	1.14
ER Visits	0.00%	$0.00	0	2.33%	$27.36	1.00	2.10%	$24.24	1.00	0.47%	$48.00	1.00
Consults	0.00%	$0.00	0	0.00%	$0.00	0	0.42%	$30.90	1.00	0.47%	$92.10	1.00
Surgery	0.00%	$0.00	0	1.56%	$34.95	1.00	1.26%	$125.37	1.00	2.34%	$36.40	1.00
Anesthesia	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
Lab	7.84%	$35.30	3.25	9.73%	$26.57	3.04	9.24%	$16.08	2.36	11.21%	$18.16	2.25
Radiology	0.00%	$0.00	0	4.28%	$34.92	1.09	7.14%	$28.91	1.29	7.48%	$59.87	1.44
CAT Scans	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
Ultrasound	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
Special Tests	11.76%	$34.83	2.00	15.56%	$34.73	1.05	18.07%	$55.93	1.35	18.69%	$35.47	1.25
Echocardiograph	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0

Pacemaker
ALL POSITIVE CASES
DRG 116

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		11.09	100.00%		9.69	100.00%		8.88	100.00%		8.66
Total Part B	94.05%	$1,575.82		95.46%	$1,629.78		94.70%	$1,637.88		92.74%	$1,666.15	
Hospital Visits	85.81%	$251.16	10.65	86.92%	$249.92	9.83	86.05%	$238.16	8.81	84.63%*	$247.72	8.69
ICU Visits	22.59%	$180.62	4.56	20.02%	$163.48	4.27	23.68%	$151.64	4.94	24.68%	$155.33	4.92
Consults	57.09%	$102.05	1.50	58.24%	$105.93	1.49	50.24%	$108.65	1.51	47.09%	$114.11	1.62
Surgery	90.54%	$1,013.73	1.51	92.87%	$1,076.11	1.54	92.57%	$1,095.09	1.58	89.87%	$1,115.98	1.55
Catheterizations	4.03%	$490.63		4.00%	$461.10		5.27%	$507.76		5.33%	$547.45	
Assistant Surgery	7.01%	$170.03		4.81%	$191.16		3.21%	$191.61		2.84%	$200.09	
Anesthesia	85.99%	$173.59		97.37%	$190.03		98.21%	$192.54		98.95%	$198.66	
Lab	15.24%	$60.89	11.00	5.23%	$28.07	1.82	5.71%	$31.09	1.95	5.43%	$40.47	2.16
Radiology	73.20%	$70.86	3.70	85.24%	$65.70	3.36	85.78%	$59.31	3.31	85.80%	$61.63	3.27
CAT Scans	7.18%	$91.68	1.29	7.55%	$93.77	1.10	7.26%	$90.55	1.11	9.05%	$96.27	1.13
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.11%	$120.00	1.00
Ultrasound	3.50%	$60.91	1.15	5.64%	$45.47	1.11	5.30%	$41.30	1.11	5.58%	$44.51	1.14
Special Tests	59.89%	$72.12	3.65	68.99%	$66.77	3.44	78.68%	$67.36	3.58	79.98%	$73.62	3.68
Echocardiograph	13.66%	$68.85	1.15	17.43%	$72.42	1.23	19.86%	$70.42	1.21	21.28%	$76.65	1.28
Selected Cardiac	55.87%	$50.20	3.36	64.49%	$37.92	3.07	75.07%	$34.07	3.18	76.37%	$33.47	3.22
Part B NEC	17.16%	$163.90		12.55%	$82.34		16.05%	$100.49		15.43%	$98.37	
PRE-HOSP												
Total Part B	59.89%	$70.53		59.31%	$74.92		67.74%	$82.79		70.48%	$94.45	
Office Visits	32.22%	$23.53	1.20	31.39%	$25.38	1.19	32.91%	$27.55	1.18	33.42%	$28.75	1.20
Home Visits	1.40%	$26.63	1.00	0.65%	$34.25	1.24	0.88%	$34.60	1.31	0.74%	$29.68	1.05
SNF/NH Visits	0.70%	$19.50	1.00	1.03%	$25.20	1.15	1.25%	$28.05	1.24	0.95%	$21.12	1.04
ER Visits	12.78%	$34.08	1.04	17.43%	$35.11	1.06	18.72%	$36.62	1.06	20.02%	$38.72	1.04
Consults	2.45%	$63.78	1.00	2.10%	$70.20	1.00	4.39%	$72.80	1.07	4.24%	$79.69	1.05
Surgery	1.23%	$85.68	1.00	2.10%	$189.07	1.11	2.87%	$107.49	1.24	5.43%	$107.96	1.21
Anesthesia	0.18%	$216.50	1.00	0.27%	$109.14	1.00	0.20%	$162.65	1.00	0.49%	$198.91	1.14
Lab	12.78%	$24.86	2.59	11.67%	$23.69	2.32	14.19%	$20.40	2.44	17.15%	$23.29	2.63
Radiology	13.31%	$29.54	1.38	11.86%	$32.92	1.25	15.78%	$32.01	1.29	20.23%	$34.01	1.23
CAT Scans	0.35%	$75.95	1.00	0.23%	$162.32	1.00	0.54%	$98.28	1.13	0.84%	$134.39	1.04
Ultrasound	0.18%	$72.00	1.00	0.34%	$72.26	1.00	0.30%	$52.15	1.11	0.21%	$76.40	1.00
Special Tests	27.32%	$53.31	1.31	27.84%	$52.29	1.29	34.22%	$55.23	1.38	36.19%	$59.74	1.53
Echocardiograph	0.53%	$161.52	2.00	0.42%	$127.87	1.73	1.32%	$108.58	1.26	1.89%	$136.42	1.33
POST-HOSP												
Total Part B	36.08%	$49.70		53.32%	$57.75		46.82%	$57.67		43.79%	$56.22	
Office Visits	21.37%	$19.64	1.10	26.93%	$22.10	1.12	26.86%	$23.87	1.16	26.40%	$23.32	1.12
Home Visits	0.70%	$32.78	1.00	0.61%	$35.69	1.25	0.68%	$31.52	1.15	0.46%	$35.41	1.23
SNF/NH Visits	2.28%	$27.44	1.15	2.82%	$34.29	1.22	2.74%	$35.75	1.19	1.79%	$31.63	1.16
ER Visits	1.23%	$26.40	1.00	2.10%	$29.85	1.09	1.72%	$29.01	1.08	2.21%	$30.89	1.06
Consults	0.35%	$46.15	1.00	0.84%	$68.33	1.00	0.44%	$67.82	1.00	0.42%	$80.30	1.17
Surgery	0.70%	$193.13	1.00	1.56%	$131.05	1.24	1.25%	$183.18	1.22	3.23%	$54.73	1.17
Anesthesia	0.00%	$0.00	0	0.15%	$150.25	1.00	0.10%	$401.70	1.50	0.11%	$135.87	1.00
Lab	7.88%	$21.93	2.20	8.77%	$21.07	2.12	8.92%	$18.02	2.18	10.52%	$18.52	2.22
Radiology	4.38%	$37.86	1.04	7.17%	$36.66	1.30	5.98%	$35.22	1.35	5.40%	$33.19	1.13
CAT Scans	0.00%	$0.00	0	0.27%	$84.39	1.14	0.14%	$104.03	1.00	0.11%	$77.38	1.00
Ultrasound	0.00%	$0.00	0	0.15%	$71.97	1.00	0.17%	$42.66	1.00	0.18%	$88.82	1.20
Special Tests	17.69%	$29.96	1.15	24.29%	$36.24	1.30	23.72%	$34.65	1.28	22.90%	$37.55	1.22
Echocardiograph	0.00%	$0.00	0	0.38%	$130.15	1.40	0.57%	$99.64	1.06	0.46%	$127.60	1.39

Pacemaker
ALL POSITIVE CASES
DRG 117

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
INPATIENT												
Length of Stay	100.00%		9.61	100.00%		8.92	100.00%		8.94	100.00%		8.19
Total Part B	93.44%	$1,044.05		96.90%	$1,180.74		97.26%	$1,257.19		96.94%	$1,180.09	
Hospital Visits	72.13%	$243.05	9.75	81.86%	$241.20	8.75	83.22%	$253.90	8.94	83.15%	$219.65	7.75
ICU Visits	14.75%	$145.27	3.67	21.09%	$201.50	4.93	30.59%	$202.45	5.38	25.07%	$190.01	4.99
Consults	45.90%	$98.68	1.57	48.68%	$104.51	1.44	49.89%	$110.17	1.54	50.00%	$108.43	1.59
Surgery	80.33%	$655.64	1.76	89.69%*	$716.07	1.80	87.21%	$739.20	1.92	86.35%	$731.38	1.88
Catheterizations	1.64%	$487.20		6.05%	$489.32		10.05%	$421.49		7.10%	$475.87	
Assistant Surgery	3.28%	$90.25		3.88%	$134.11		2.40%	$183.80		0.14%	$94.60	
Anesthesia	73.77%	$170.88		96.74%	$187.69		96.46%	$195.06		98.05%	$203.12	
Lab	21.31%	$63.29	11.46	5.27%	$30.03	1.68	7.31%	$37.06	2.16	11.14%	$27.94	2.85
Radiology	78.69%	$63.20	3.48	85.74%	$59.64	3.30	87.90%	$62.31	3.60	85.38%	$58.88	3.40
CAT Scans	4.92%	$124.73	1.00	5.27%	$108.95	1.21	6.85%	$101.55	1.18	7.24%	$99.42	1.19
Ultrasound	4.92%	$62.53	1.00	3.88%	$42.87	1.00	3.77%	$51.28	1.03	2.79%	$53.63	1.10
Special Tests	75.41%	$40.90	3.09	74.11%	$58.07	3.40	80.02%	$69.16	3.83	82.31%	$61.92	3.61
Echocardiograph	6.56%	$107.30	1.25	11.16%	$104.50	1.42	14.38%	$85.34	1.19	14.90%	$96.18	1.20
Selected Cardiac	73.77%	$30.10	2.91	69.61%	$33.59	3.15	77.63%	$36.72	3.48	79.53%	$31.28	3.21
Part B NEC	22.95%	$135.90		19.22%	$127.06		21.23%	$247.61		16.99%	$218.52	
PRE-HOSP												
Total Part B	70.49%	$90.47		64.50%	$68.26		67.47%	$78.48		72.84%	$93.51	
Office Visits	31.15%	$31.69	1.26	26.05%	$28.17	1.16	30.37%	$27.87	1.18	32.03%	$28.26	1.22
Home Visits	3.28%	$19.50	1.00	0.62%	$31.13	1.25	0.68%	$27.30	1.00	0.28%	$56.20	2.00
SNF/NH Visits	0.00%	$0.00	0	0.31%	$16.35	1.00	1.37%	$18.23	1.08	0.70%	$18.92	1.00
ER Visits	16.39%	$47.42	1.00	21.09%	$38.13	1.04	23.52%	$41.51	1.03	25.49%	$55.02	1.08
Consults	0.00%	$0.00	0	1.55%	$61.86	1.00	1.94%	$67.34	1.00	2.51%	$68.96	1.06
Surgery	1.64%	$23.70	1.00	2.48%	$50.92	1.13	4.34%	$79.10	1.13	5.43%	$142.86	1.36
Anesthesia	0.00%	$0.00	0	0.00%	$0.00	0	0.11%	$158.00	1.00	0.42%	$253.67	1.67
Lab	18.03%	$38.72	2.73	10.23%	$30.62	2.56	11.64%	$24.83	2.41	14.76%	$29.01	2.88
Radiology	26.23%	$26.03	1.06	16.12%	$28.87	1.14	15.98%	$35.69	1.38	22.01%	$29.08	1.17
CAT Scans	0.00%	$0.00	0	0.16%	$150.00	1.00	0.57%	$159.43	1.00	0.14%	$100.75	1.00
Ultrasound	0.00%	$0.00	0	0.31%	$47.50	1.00	0.34%	$62.50	1.33	0.42%	$82.17	1.00
Special Tests	31.15%	$65.67	1.42	35.97%	$40.50	1.31	36.07%	$41.46	1.38	36.63%	$47.37	1.44
Echocardiograph	3.28%	$195.75	1.00	0.47%	$97.08	1.00	0.57%	$72.08	1.00	0.56%	$140.13	1.25
POST-HOSP												
Total Part B	18.03%	$61.54		44.19%	$54.42		40.98%	$52.45		42.06%	$50.66	
Office Visits	13.11%	$26.50	1.50	21.09%	$20.23	1.11	23.52%	$21.01	1.10	22.49%*	$20.83	1.17
Home Visits	0.00%	$0.00	0	0.16%	$25.00	1.00	0.91%	$33.59	1.00	0.70%	$31.61	1.20
SNF/NH Visits	0.00%	$0.00	0	2.17%	$28.71	1.36	2.40%	$30.67	1.14	2.09%	$23.35	1.13
ER Visits	0.00%	$0.00	0	0.93%	$31.02	1.00	2.05%	$34.76	1.06	1.39%	$34.69	1.00
Consults	1.64%	$97.40	1.00	2.02%	$69.30	1.00	0.57%	$59.08	1.00	0.56%	$60.63	1.00
Surgery	0.00%	$0.00	0	0.62%	$280.28	1.00	1.48%	$121.32	1.31	1.95%	$8.17	1.14
Anesthesia	0.00%	$0.00	0	0.16%	$193.10	1.00	0.00%	$0.00	1.00	0.00%	$0.00	0.00
Lab	4.92%	$12.63	2.00	6.36%	$18.73	1.90	8.11%	$21.23	2.37	8.91%	$23.82	2.27
Radiology	3.28%	$25.30	1.00	6.36%	$45.08	1.49	5.94%	$37.65	1.42	6.13%	$42.12	1.25
CAT Scans	0.00%	$0.00	0	0.31%	$93.25	1.00	0.23%	$111.28	1.00	0.14%	$75.00	1.00
Ultrasound	0.00%	$0.00	0	0.47%	$44.53	1.00	0.00%	$0.00	0	0.14%	$29.00	1.00
Special Tests	8.20%	$26.20	1.00	19.84%	$34.95	1.37	17.24%	$34.10	1.33	19.71%*	$41.53	1.34
Echocardiograph	0.00%	$0.00	0	0.47%	$63.40	1.00	0.23%	$151.15	1.00	0.00%	$0.00	0

PACEMAKERS
ALL POSITIVE CASES
DRG 110

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		7.21	100.00%		6.69	100.00%		6.15	100.00%		6.58
Total Part B	95.40%	$855.02		95.85%	$949.45		96.67%	$992.10		96.21%	$1,022.22	
Hospital Visits	68.97%	$152.55	5.85	65.28%	$212.40	7.71	68.33%	$182.65	6.27	69.40%	$187.32	6.38
ICU Visits	16.09%	$189.46	5.21	10.36%	$155.31	3.73	16.25%	$165.56	3.98	13.41%	$225.50	5.33
Consults	26.44%	$82.84	1.39	31.09%	$98.63	1.37	35.00%	$100.39	1.44	33.28%	$103.49	1.55
Surgery	89.66%	$495.31	1.31	93.96%	$585.04	1.36	94.17%	$618.73	1.43	93.53%	$640.61	1.43
Catheterizations	3.45%	$248.33		2.94%	$602.34		3.33%	$553.32		4.42%	$561.55	
Assistant Surgery	4.60%	$62.60		2.94%	$141.74		4.44%	$203.89		2.37%	$181.06	
Anesthesia	86.21%	$154.32		96.03%	$165.51		97.92%	$172.87		97.63%	$176.84	
Lab	17.24%	$115.71	18.80	11.74%	$16.83	1.25	9.72%	$21.25	1.56	14.83%	$18.61	1.35
Radiology	75.86%	$53.18	2.92	70.98%	$47.80	2.55	75.97%	$44.19	2.48	76.34%	$47.12	2.63
CAT Scans	2.30%	$83.88	1.00	4.49%	$124.60	1.42	3.61%	$84.27	1.12	4.26%	$93.11	1.07
Ultrasound	5.75%	$43.40	1.20	3.63%	$41.18	1.10	2.64%	$51.87	1.11	1.89%	$47.48	1.00
Special Tests	57.47%	$73.35	3.72	60.97%	$35.29	2.47	67.92%	$42.88	2.56	76.34%	$38.43	2.44
Echocardiograph	4.60%	$223.75	1.75	5.18%	$100.49	1.40	7.22%	$94.49	1.29	8.20%	$88.64	1.25
Selected Cardiac	55.17%	$28.32	2.71	59.59%	$23.52	2.26	65.97%	$23.27	2.32	74.76%	$21.11	2.23
Part B NEC	13.79%	$144.85	0	10.88%	$165.58	0	11.39%	$149.27	0	12.30%	$137.98	0
PRE-HOSP												
Total Part B	51.72%	$65.98		54.75%	$70.33		60.28%	$73.17		67.98%	$70.67	
Office Visits	22.99%	$26.06	1.15	26.77%	$27.96	1.23	28.89%	$25.49	1.17	32.02%	$27.52	1.20
Home Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.28%	$37.50	1.50	0.95%	$37.25	1.17
SNF/NH Visits	3.45%	$16.97	1.00	0.86%	$24.84	1.00	1.11%	$29.61	1.00	0.79%	$20.44	1.00
ER Visits	5.75%	$39.38	1.00	10.88%	$50.12	1.08	13.75%	$43.14	1.06	14.98%	$44.72	1.04
Consults	3.45%	$60.93	1.00	1.55%	$53.91	1.00	2.36%	$68.17	1.00	3.31%	$69.01	1.00
Surgery	1.15%	$12.00	1.00	3.11%	$104.84	1.11	2.36%	$195.45	1.00	3.94%	$145.90	1.08
Anesthesia	0.00%	$0.00	0	0.17%	$62.00	1.00	0.28%	$126.60	1.00	0.47%	$133.55	1.00
Lab	14.94%	$29.28	2.77	12.26%	$30.69	2.89	10.83%	$23.96	2.40	13.41%	$21.20	2.39
Radiology	13.79%	$26.70	1.00	10.88%	$27.06	1.11	13.61%	$27.54	1.12	12.30%	$27.31	1.08
CAT Scans	1.15%	$82.50	1.00	0.17%	$70.00	1.00	0.14%	$101.50	1.00	0.16%	$77.00	1.00
Ultrasound	0.00%	$0.00	0	0.00%	$0.00	0	0.42%	$79.67	1.00	0.00%	$0.00	0
Special Tests	33.33%	$30.56	1.10	33.85%	$35.22	1.24	34.17%	$40.85	1.24	38.17%	$36.15	1.24
Echocardiograph	0.00%	$0.00	0	0.35%	$139.05	1.50	0.42%	$113.33	1.33	0.32%	$207.50	1.50
POST-HOSP												
Total Part B	36.78%	$45.61		37.65%	$47.54		38.61%	$43.01		37.54%	$46.79	
Office Visits	14.94%	$19.84	1.08	16.06%	$21.64	1.13	19.44%	$20.88	1.16	17.19%	$21.69	1.11
Home Visits	0.00%	$0.00	0	0.35%	$20.50	1.50	0.28%	$26.65	1.00	0.63%	$33.60	1.25
SNF/NH Visits	4.60%	$32.51	1.00	2.94%	$26.57	1.12	2.08%	$26.02	1.00	3.15%	$26.93	1.10
ER Visits	1.15%	$33.00	1.00	1.21%	$30.36	1.00	1.39%	$27.34	1.10	1.58%	$38.65	1.00
Consults	0.00%	$0.00	0	0.52%	$62.63	1.00	0.69%	$93.30	1.20	0.32%	$82.40	1.00
Surgery	1.15%	$68.85	1.00	1.73%	$114.41	1.00	1.81%	$86.53	1.23	1.26%	$78.40	1.00
Anesthesia	0.00%	$0.00	0	0.17%	$134.60	1.00	0.00%	$0.00	0.00	0.16%	$14.40	1.00
Lab	8.05%	$17.16	1.71	5.87%	$17.07	2.03	6.25%	$15.87	1.64	9.15%	$15.90	2.16
Radiology	4.60%	$31.10	1.25	5.01%	$34.08	1.31	4.17%	$31.04	1.17	2.84%	$60.52	1.33
CAT Scans	0.00%	$0.00	0	0.35%	$101.13	1.00	0.00%	$0.00	0	0.16%	$102.00	1.00
Ultrasound	0.00%	$0.00	0	0.35%	$35.25	1.00	0.14%	$50.00	1.00	0.00%	$0.00	0
Special Tests	18.39%	$25.88	1.06	13.64%	$36.34	1.33	17.64%	$32.52	1.21	17.82%	$34.64	1.41
Echocardiograph	0.00%	$0.00	0	0.00%	$0.00	0	0.14%	$50.00	1.00	0.16%	$79.00	2.00

ARRHYTHMIA
ALL POSITIVE CASES
DRG 138

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		7.31	100.00%		6.45	100.00%		6.05	100.00%		6.20
Total Part B	89.11%	$331.76		94.56%	$310.06		93.51%	$315.00		93.52%	$348.72	
Hospital Visits	85.48%	$177.67	7.30	89.73%	$172.94	6.43	88.49%	$169.69	6.09	88.69%	$182.19	6.24
ICU Visits	13.74%	$130.41	3.34	15.05%	$116.08	2.77	16.65%	$115.56	3.36	18.08%	$122.10	3.53
Consults	26.12%	$86.15	1.25	29.19%	$91.58	1.29	29.31%	$93.70	1.32	31.69%	$98.63	1.44
Surgery	5.80%	$191.47	1.24	6.40%	$217.52	1.31	5.87%	$187.09	1.21	6.56%	$223.88	1.28
Lab	12.77%	$57.89	9.18	3.34%	$30.76	2.22	3.48%	$32.18	2.28	4.44%	$38.72	2.48
Radiology	63.38%	$56.70	2.40	71.40%	$44.12	2.05	71.46%	$43.30	1.96	71.46%	$46.12	2.04
CAT Scans	5.44%	$100.58	1.12	5.34%	$94.38	1.09	6.01%	$92.47	1.10	7.16%	$93.34	1.11
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.08%	$177.64	1
Ultrasound	5.12%	$53.74	1.13	4.80%	$42.90	1.09	4.82%	$43.57	1.10	5.47%	$44.29	1.11
Special Tests	61.70%	$60.97	2.70	65.89%	$55.94	2.61	73.95%	$58.75	2.82	76.57%	$66.21	3.07
Echocardiograph	11.15%	$70.12	1.16	12.20%	$72.25	1.18	15.81%	$72.52	1.18	19.77%	$79.71	1.23
Doppler	1.75%	$28.52	1.04	1.96%	$55.37	1.25	2.50%	$67.82	1.32	3.01%	$68.70	1.38
Selected Cardiac	55.80%	$39.10	2.47	60.69%	$30.14	2.36	69.67%	$28.95	2.48	72.36%	$29.90	2.63
Part B NEC	11.15%	$88.62	0	9.72%	$95.42	0	13.74%	$71.36	0	13.56%	$72.94	0
PRE-HOSP												
Total Part B	60.66%	$58.19		61.11%	$58.42		68.14%	$69.16		71.22%	$74.72	
Office Visits	28.19%	$22.71	1.23	25.91%	$24.11	1.20	28.05%	$24.70	1.20	29.29%	$26.06	1.21
Home Visits	0.97%	$29.20	1.20	0.58%	$29.68	1.09	0.71%	$32.21	1.14	0.74%	$34.37	1.11
SNF/HH Visits	0.58%	$25.14	1.56	0.82%	$22.83	1.17	0.99%	$24.55	1.20	0.88%	$22.07	1.06
ER Visits	19.12%	$36.20	1.02	25.54%	$36.25	1.05	27.97%	$37.45	1.05	30.04%	$40.56	1.05
Consults	1.17%	$64.03	1.00	1.01%	$69.00	1.02	1.33%	$68.44	1.03	1.70%	$71.51	1.05
Surgery	1.43%	$34.72	1.05	1.72%	$53.01	1.22	2.59%	$89.49	1.17	3.97%	$88.17	[illegible]
Lab	12.12%	$26.58	2.47	11.13%	$20.53	2.17	13.87%	$19.21	2.28	14.65%	$20.80	2.40
Radiology	12.57%	$24.73	1.16	11.63%	$28.45	1.21	15.16%	$29.73	1.29	18.12%	$29.85	1.29
CAT Scans	0.26%	$110.68	1.25	0.21%	$152.43	1.05	0.33%	$127.62	1.10	0.38%	$106.70	1.08
Ultrasound	0.06%	$43.00	1.00	0.14%	$65.51	1.07	0.20%	$70.90	1.04	0.29%	$78.76	1.10
Special Tests	24.04%	$34.67	1.22	24.64%	$38.67	1.27	30.48%	$39.44	1.35	31.90%	$41.87	1.37
Echocardiograph	0.39%	$161.13	1.33	0.26%	$104.86	1.27	0.50%	$124.26	1.36	0.60%	$125.48	1.26
POST-HOSP												
Total Part B	30.40%	$49.86		45.97%	$64.36		42.11%	$64.40		39.98%	$74.79	
Office Visits	20.48%	$19.58	1.12	26.64%	$21.61	1.13	26.31%	$21.65	1.12	26.51%	$22.68	1.12
Home Visits	0.52%	$30.74	1.13	0.49%	$31.27	1.18	0.40%	$33.30	1.18	0.37%	$35.29	1.20
SNF/HH Visits	1.36%	$30.63	1.24	2.00%	$28.80	1.18	1.77%	$31.91	1.17	1.49%	$29.83	1.18
ER Visits	0.58%	$41.16	1.11	1.82%	$31.90	1.10	2.16%	$29.67	1.06	2.33%	$32.37	1.07
Consults	0.52%	$57.15	1.13	1.27%	$73.57	1.08	1.12%	$75.21	1.13	1.23%	$70.82	1.10
Surgery	0.58%	$67.18	1.67	1.30%	$190.67	1.34	1.04%	$213.27	1.32	3.12%	$125.27	1.16
Lab	8.75%	$21.47	1.88	10.76%	$22.57	2.11	12.01%	$20.21	2.21	13.21%	$21.57	2.20
Radiology	2.53%	$41.95	1.15	4.90%	$51.86	1.46	4.63%	$59.01	1.47	4.36%	$53.36	1.56
CAT Scans	0.13%	$205.00	1.00	0.32%	$117.18	1.09	0.39%	$141.20	1.18	0.37%	$100.37	1.06
Ultrasound	0.26%	$65.38	1.00	0.21%	$62.63	1.19	0.16%	$74.52	1.19	0.24%	$58.26	1.15
Special Tests	7.39%	$52.43	1.22	12.06%	$63.59	1.33	12.63%	$60.44	1.29	13.04%	$67.62	1.40
Echocardiograph	0.26%	$48.23	1.25	1.02%	$94.96	1.30	0.89%	$105.68	1.35	0.92%	$134.49	1.37

ARRHYTHMIA
ALL POSITIVE CASES
DRG 139

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	MOS	PCT	EXP	MOS	PCT	EXP	MOS	PCT	EXP	MOS
INPATIENT												
Length of Stay	100.00%		6.63	100.00%		4.96	100.00%		4.69	100.00%		4.60
Total Part B	93.49%	$303.03		93.57%	$271.34		93.78%	$257.21		94.20%	$268.60	
Hospital Visits	88.03%	$163.91	6.74	87.75%	$138.82	4.86	86.18%	$136.77	4.63	87.42%*	$139.95	4.53
ICU Visits	12.39%	$106.35	2.49	13.01%	$124.06	2.76	12.75%	$95.90	2.69	14.16%	$109.60	2.77
Consults	24.79%	$86.17	1.21	22.69%	$92.01	1.28	24.04%	$87.62	1.23	24.65%*	$91.03	1.45
Surgery	5.04%	$263.14	1.27	4.46%	$239.81	1.33	2.76%	$196.56	1.06	3.02%	$188.65	1.15
Lab	13.24%	$59.83	10.51	2.65%	$20.93	1.77	2.46%	$23.73	2.16	2.32%	$39.23	3.10
Radiology	67.65%	$44.50	2.07	64.52%	$40.89	1.75	64.67%	$40.59	1.70	64.24%	$36.35	1.59
CAT Scans	2.94%	$81.94	1.07	4.24%	$93.04	1.11	5.30%	$88.48	1.07	4.41%	$94.50	1.09
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.15%	$120.00	1
Ultrasound	4.41%	$51.45	1.10	3.78%	$42.99	1.18	3.92%	$42.01	1.10	4.10%	$43.39	1.08
Special Tests	63.45%	$62.64	2.88	66.57%	$63.67	2.56	74.27%	$66.56	2.67	74.07%	$71.77	2.77
Echocardiograph	13.87%	$65.74	1.23	13.39%	$68.94	1.17	16.51%	$66.44	1.16	19.12%	$77.57	1.19
Doppler	0.21%	$34.65	1.00	1.36%	$54.43	1.33	2.84%	$55.47	1.22	2.48%	$90.68	1.44
Selected Cardiac	57.35%	$36.74	2.66	61.20%	$31.68	2.25	69.05%	$31.44	2.32	69.70%*	$30.50	2.36
Part B HBC	14.50%	$86.86	0	9.23%	$151.35	0	9.98%	$70.07	0	9.98%	$84.59	0
PRE-HOSP												
Total Part B	60.08%	$57.61		64.22%	$63.95		64.82%	$67.77		69.12%	$72.36	
Office Visits	30.04%	$23.04	1.15	27.53%	$25.34	1.22	28.65%	$25.85	1.24	33.01%*	$25.55	1.20
Home Visits	0.21%	$29.00	1.00	0.03%	$28.40	1.00	0.31%	$33.13	1.00	0.00%	$0.00	0
SNF/NH Visits	0.84%	$22.63	1.25	0.23%	$42.21	1.33	0.15%	$18.85	1.00	0.00%	$0.00	0
ER Visits	19.12%	$36.38	1.04	27.84%	$34.10	1.04	25.12%	$37.64	1.06	28.33%	$38.12	1.03
Consults	1.68%	$67.30	1.00	1.74%	$71.74	1.00	1.54%	$63.99	1.00	1.47%	$71.02	1.05
Surgery	1.47%	$34.03	1.00	1.89%	$100.18	1.12	2.69%	$44.25	1.23	3.41%	$71.56	1.41
Lab	11.34%	$25.15	2.54	11.27%	$21.14	2.13	11.44%	$18.74	2.38	13.00%	$20.34	2.26
Radiology	11.55%	$25.71	1.18	12.25%	$26.83	1.14	10.45%	$35.55	1.25	13.28%*	$27.83	1.21
CAT Scans	0.00%	$0.00	0	0.15%	$87.50	1.00	0.31%	$103.00	1.00	0.15%	$80.70	1.00
Ultrasound	0.00%	$0.00	0	0.30%	$106.35	1.00	0.31%	$78.01	1.25	0.15%	$43.00	1.00
Special Tests	25.00%	$36.18	1.42	29.58%	$42.00	1.31	32.18%	$42.98	1.36	34.02%*	$47.88	1.46
Echocardiograph	0.21%	$97.00	2.00	0.45%	$101.37	1.50	0.61%	$99.37	1.38	0.54%	$153.62	1.29
POST-HOSP												
Total Part B	35.92%	$56.71		44.02%	$66.06		44.09%	$68.25		42.41%	$83.52	
Office Visits	22.69%	$20.72	1.10	27.91%	$21.01	1.12	27.73%	$22.86	1.16	28.41%	$23.60	1.14
Home Visits	0.21%	$22.50	1.00	0.15%	$30.10	1.00	0.15%	$37.40	1.50	0.23%	$26.90	1.00
SNF/NH Visits	0.63%	$34.53	1.00	0.15%	$19.25	1.00	0.23%	$19.47	1.00	0.08%	$17.00	1.00
ER Visits	1.26%	$38.54	1.17	2.27%	$35.54	1.13	2.76%	$30.06	1.06	1.86%	$31.75	1.04
Consults	0.63%	$78.47	1.00	1.59%	$72.27	1.05	1.08%	$65.33	1.00	1.55%	$71.49	1.05
Surgery	0.63%	$148.16	1.00	0.68%	$172.14	1.11	0.92%	$194.52	1.50	2.32%	$124.02	1.20
Lab	8.40%	$21.20	2.15	10.67%	$20.11	1.75	10.68%	$19.93	2.22	10.45%	$19.21	2.00
Radiology	2.31%	$47.92	1.18	4.08%	$50.78	1.28	5.84%	$52.58	1.26	5.65%	$78.32	1.44
CAT Scans	0.21%	$75.00	1.00	0.23%	$83.17	1.00	0.38%	$94.68	1.00	0.62%	$184.79	1.13
Ultrasound	0.21%	$130.00	1.00	0.30%	$112.73	1.00	0.23%	$56.93	1.00	0.23%	$51.00	1.00
Special Tests	11.34%	$58.09	1.20	16.57%	$68.50	1.30	18.05%	$67.42	1.25	17.34%	$87.77	1.92
Echocardiograph	0.84%	$55.33	1.25	1.13%	$91.03	1.20	1.38%	$105.48	1.22	2.24%	$117.77	1.14

PNEUMONIA
POSITIVE CASES
DRG 89

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		11.11	100.00%		9.36	100.00%		9.04	100.00%		9.13
Total Part B	90.97%	$360.37		95.74%	$336.04		93.99%	$345.91		93.60%	$380.59	
Hospital Visits	86.70%	$235.52	10.80	91.20%	$229.07	9.43	90.16%	$229.06	9.15	89.59%	$244.86	9.37
ICU Visits	3.98%	$178.98	4.85	4.37%	$157.76	4.10	5.15%	$158.14	4.76	5.93%	$171.60	5.42
Consults	19.98%	$93.69	1.44	20.45%	$95.86	1.37	21.31%	$99.61	1.46	23.25%	$106.78	1.61
Surgery	11.11%*	$198.29	1.39	10.93%*	$194.98	1.35	10.64%*	$210.77	1.34	11.57%	$229.97	1.36
Lab	13.34%	$79.75	12.68	8.11%	$43.53	2.53	9.89%	$43.67	2.40	10.89%	$49.92	2.45
Surgical Pathology	1.08%	$39.10	1.31	2.39%	$35.87	1.493	3.52%	$35.53	1.482	4.59%	$46.15	1.65
Radiology	72.03%	$58.94	3.42	83.99%	$52.69	3.13	84.13%	$51.92	3.07	84.81%*	$57.17	3.23
CAT Scans	3.07%	$106.70	1.19	4.34%	$99.81	1.16	5.08%	$97.59	1.15	6.94%*	$99.78	1.18
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.01%	$120.00	1.00
Ultrasound	2.86%	$55.72	1.04	4.35%	$46.65	1.098	4.45%	$48.42	1.123	4.86%	$50.65	1.13
Special Tests	42.89%	$24.47	2.13	41.99%	$22.45	1.67	51.21%	$21.16	1.71	55.21%	$24.19	1.79
Echocardiograph	1.95%	$75.09	1.15	2.22%	$75.33	1.213	2.67%	$70.30	1.156	3.98%	$81.51	1.24
Selected Cardiac	40.94%	$15.11	1.55	39.73%	$14.37	1.479	49.50%	$13.49	1.532	53.17%	$13.90	1.58
Part B NEC	13.88%	$83.50	0	7.48%	$75.46	0	11.31%	$51.46	0	12.26%	$55.05	0
PRE-HOSP												
Total Part B	56.53%	$53.79		59.89%	$51.12		66.78%	$59.49		70.01%	$62.74	
Office Visits	20.93%	$22.40	1.25	21.85%	$22.28	1.2	22.89%	$23.57	1.216	23.65%	$24.70	1.21
Home Visits	1.66%	$27.03	1.28	1.45%	$30.91	1.17	1.64%	$31.38	1.182	1.40%	$33.59	1.14
SNF/NH Visits	4.97%	$23.36	1.25	4.29%	$23.39	1.169	4.31%	$24.96	1.192	3.82%	$22.42	1.13
ER Visits	17.99%	$34.30	1.04	25.36%	$35.64	1.05	28.47%	$37.27	1.05	30.70%	$39.82	1.06
Consults	0.54%	$53.87	1.00	0.55%	$62.86	1.012	0.78%	$61.99	1	0.98%	$65.53	1.03
Surgery	1.24%	$81.10	1.30	1.51%	$60.36	1.18	2.67%	$76.56	1.204	3.35%	$71.86	1.17
Lab	13.63%	$24.94	2.71	13.04%	$21.26	2.219	16.08%	$19.81	2.33	17.40%	$21.56	2.40
Radiology	21.34%	$28.69	1.31	23.50%	$29.66	1.303	28.48%	$29.93	1.312	31.68%	$30.62	1.34
CAT Scans	0.08%	$84.03	1.00	0.09%	$117.21	1	0.22%	$149.18	1.159	0.35%	$129.17	1.13
Ultrasound	0.08%	$149.15	1.50	0.09%	$76.18	1.07	0.19%	$68.18	1.00	0.26%	$75.76	1.14
Special Tests	5.93%	$26.18	1.22	7.15%	$22.06	1.208	10.50%	$21.24	1.225	11.71%	$22.05	1.22
Echocardiograph	0.00%	$0.00	0	0.05%	$98.14	1.25	0.07%	$104.30	1.429	0.07%	$104.43	1.19
POST-HOSP												
Total Part B	30.46%	$48.71		39.75%	$46.90		34.30%	$49.71		34.01%	$50.69	
Office Visits	15.75%	$19.12	1.15	20.21%	$20.42	1.12	18.78%	$20.94	1.12	19.25%	$21.09	1.10
Home Visits	0.99%	$31.81	1.21	0.64%	$31.87	1.13	0.67%	$36.05	1.28	0.55%	$37.42	1.25
SNF/NH Visits	5.06%	$30.55	1.21	5.53%	$29.34	1.16	5.39%	$32.61	1.22	4.50%	$28.52	1.24
ER Visits	1.08%	$25.71	1.00	1.32%	$28.75	1.09	1.36%	$29.90	1.06	1.67%	$31.30	1.08
Consults	0.33%	$68.64	1.00	0.43%	$65.21	1.02	0.52%	$74.33	1.18	0.53%	$74.46	1.24
Surgery	0.54%	$74.30	1.08	0.69%	$118.06	1.28	0.78%	$148.21	1.37	2.06%	$48.62	1.10
Lab	6.88%	$20.65	2.18	8.92%	$20.80	2.08	9.27%	$19.46	2.21	10.46%	$21.03	2.22
Radiology	7.25%	$30.56	1.23	10.31%	$36.39	1.32	9.25%	$34.74	1.34	9.79%	$38.93	1.38
CAT Scans	0.08%	$75.06	1.00	0.20%	$149.65	1.10	0.17%	$136.84	1.14	0.21%	$98.74	1.13
Ultrasound	0.04%	$30.00	1.00	0.14%	$47.64	1.05	0.10%	$58.11	1.14	0.15%	$61.40	1.06
Special Tests	1.20%	$28.07	1.28	2.11%	$30.56	1.26	2.23%	$34.06	1.30	2.28%	$32.59	1.32
Echocardiograph	0.08%	$73.85	1.00	0.08%	$88.72	1.15	0.07%	$114.14	1.14	0.09%	$112.40	1.05

PNEUMONIA
POSITIVE CASES
DRG 90

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	MOS	PCT	EXP	MOS	PCT	EXP	MOS	PCT	EXP	MOS
INPATIENT												
Length of Stay	100.00%		9.72	100.00%		7.57	100.00%		7.09	100.00%		7.03
Total Part B	92.89%	$331.51		95.36%	$275.53		95.71%	$259.08		94.60%	$280.61	
Hospital Visits	86.14%	$206.23	9.84	91.24%	$180.26	7.45	90.10%	$172.62	6.94	90.81%	$182.45	6.95
ICU Visits	3.29%	$286.22	7.32	2.19%	$219.94	5.96	1.58%	$110.77	2.61	2.65%	$126.63	4.11
Consults	21.66%	$88.94	1.46	15.59%	$94.47	1.38	15.16%	$87.97	1.33	16.68%	$89.12	1.35
Surgery	10.75%*	$202.99	1.21	0.91%*	$237.43	1.20	8.06%	$263.80	1.23	8.53%	$240.98	1.22
Lab	16.29%	$68.37	10.06	8.67%	$40.13	2.16	9.11%	$50.61	2.66	9.67%	$57.51	2.46
Surgical Pathology	1.56%	$31.77	1.56	3.24%	$32.09	1.38	3.33%	$49.42	1.97	5.78%	$44.95	1.62
Radiology	71.58%	$64.59	3.51	82.92%	$49.77	2.68	82.73%	$47.21	2.53	81.04%	$50.13	2.52
CAT Scans	3.64%	$102.86	1.14	2.89%	$119.68	1.18	3.51%	$102.50	1.20	5.02%	$108.64	1.25
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.09%	$1,508.00	2.00
Ultrasound	5.20%	$53.95	1.13	2.98%	$39.38	1.03	4.82%	$47.12	1.11	4.45%	$46.41	1.09
Special Tests	40.03%	$21.24	1.81	38.44%	$17.74	1.50	44.00%	$18.17	1.41	46.64%	$18.37	1.48
Echocardiograph	0.87%	$58.12	1.00	1.66%	$64.16	1.16	1.84%	$73.21	1.10	2.09%	$62.07	1.09
Selected Cardiac	38.13%	$16.13	1.45	36.69%	$12.09	1.26	42.07%	$11.69	1.27	44.27%	$12.03	1.32
Part B NEC	10.57%	$107.19	0	5.78%	$55.63	0	7.89%	$36.25	0	7.87%	$66.51	0
PRE-HOSP												
Total Part B	54.59%	$52.11		61.65%	$49.58		66.26%	$56.56		70.05%	$54.64	
Office Visits	25.82%	$21.45	1.32	30.56%	$23.09	1.26	30.41%	$24.14	1.29	32.42%	$23.75	1.26
Home Visits	1.04%	$23.92	1.00	0.18%	$27.95	1.00	0.00%	$0.00	0	0.57%	$24.21	1.00
SNF/NH Visits	1.56%	$19.59	1.00	0.88%	$21.36	1.10	0.79%	$21.54	1.00	0.57%	$23.27	1.17
ER Visits	19.76%	$31.78	1.11	22.85%	$33.05	1.07	25.77%	$34.51	1.06	25.59%	$35.56	1.05
Consults	0.52%	$49.67	1.00	0.53%	$60.19	1.00	0.70%	$52.57	1.00	1.04%	$56.51	1.00
Surgery	0.69%	$17.00	1.00	1.05%	$52.68	1.08	2.80%	$72.18	1.78	2.56%	$32.90	1.15
Lab	14.56%	$23.08	2.42	15.15%	$18.91	2.19	17.27%	$17.64	2.29	20.66%	$17.41	2.05
Radiology	20.62%	$27.58	1.25	28.02%	$29.24	1.23	33.57%	$31.22	1.26	35.92%	$30.16	1.25
CAT Scans	0.00%	$0.00	0	0.09%	$74.50	1.00	0.53%	$87.92	1.00	0.28%	$170.07	1.00
Ultrasound	0.17%	$110.00	2.00	0.09%	$85.00	1.00	0.53%	$78.58	1.50	0.00%	$0.00	0
Special Tests	4.85%	$20.00	1.07	7.18%	$29.12	1.31	8.24%	$19.85	1.16	8.82%	$24.09	1.16
Echocardiograph	0.00%	$0.00	0	0.26%	$161.53	1.33	0.00%	$0.00	0	0.00%	$0.00	0
POST-HOSP												
Total Part B	34.84%	$49.19		41.42%	$41.98		40.75%	$38.80		41.80%	$44.97	
Office Visits	22.88%	$18.77	1.14	28.72%	$20.26	1.13	31.11%	$19.58	1.08	32.04%	$20.44	1.09
Home Visits	0.00%	$0.00	0	0.09%	$30.00	1.00	0.09%	$15.00	1.00	0.00%	$0.00	0
SNF/NH Visits	1.56%	$25.34	1.22	1.58%	$27.04	1.22	1.31%	$30.63	1.13	1.14%	$29.15	1.33
ER Visits	1.21%	$24.46	1.00	1.05%	$32.96	1.17	1.31%	$30.94	1.07	1.23%	$26.55	1.08
Consults	0.52%	$65.07	1.00	0.79%	$83.11	1.22	0.44%	$67.62	1.00	0.66%	$63.80	1.00
Surgery	0.00%	$0.00	0	0.88%	$72.94	1.60	0.61%	$35.76	1.29	1.99%	$57.94	1.00
Lab	7.45%	$15.39	1.72	7.71%	$17.02	1.83	7.62%	$14.82	1.55	12.04%	$17.77	1.76
Radiology	8.32%	$51.84	2.04	13.49%	$31.89	1.18	12.27%	$30.40	1.21	14.88%	$36.98	1.32
CAT Scans	0.17%	$66.00	1.00	0.18%	$84.40	1.00	0.18%	$73.40	1.00	0.47%	$92.89	1.00
Ultrasound	0.00%	$0.00	0	0.44%	$60.22	1.00	0.00%	$0.00	0	0.09%	$36.36	1.00
Special Tests	2.08%	$48.18	1.50	1.49%	$22.98	1.18	1.67%	$25.36	1.05	2.09%	$40.36	1.32
Echocardiograph	0.00%	$0.00	0	0.00%	$0.00	0	0.09%	$73.60	1.00	0.09%	$166.30	2.00

GI HEMORRHAGE
ALL POSITIVE CASES
DRG 174

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	MOS	PCT	EXP	MOS	PCT	EXP	MOS	PCT	EXP	MOS
INPATIENT												
Length of Stay	100.00%		8.85	100.00%		7.56	100.00%		7.33	100.00%		7.26
Total Part B	90.31%	$457.82		94.78%	$445.81		93.12%	$480.99		92.67%	$515.65	
Hospital Visits	86.54%	$204.29	8.60	90.08%	$195.01	7.54	89.18%	$196.97	7.45	88.28%	$206.36	7.43
ICU Visits	5.92%	$123.63	2.71	7.90%	$121.78	2.83	8.30%	$116.36	3.35	8.22%	$126.66	3.61
Consults	32.14%	$86.66	1.42	33.82%	$88.74	1.33	35.44%	$93.89	1.43	38.43%	$96.02	1.46
Surgery	44.30%*	$265.66	1.33	47.73%	$286.42	1.34	49.63%*	$310.35	1.34	52.05%	$326.82	1.35
Lab	15.89%	$92.95	14.40	11.01%	$37.95	1.74	15.47%	$37.07	1.59	16.95%	$43.49	1.65
Surgical Pathology	3.23%	$36.96	1.28	6.85%	$37.96	1.30	11.90%	$33.84	1.18	13.40%	$37.84	1.19
Radiology	67.24%	$77.82	3.03	73.99%	$70.37	2.82	75.36%	$70.05	2.81	74.34%	$69.27	2.71
CAT Scans	2.33%	$108.77	1.19	3.41%	$94.73	1.09	4.46%	$101.23	1.22	5.60%	$100.69	1.18
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.01%	$707.00	1.00
Ultrasound	4.40%	$52.84	1.06	5.60%	$49.64	1.12	6.70%	$48.80	1.12	5.74%	$50.58	1.09
Special Tests	40.04%	$19.67	1.41	37.73%	$18.85	1.46	49.49%	$16.85	1.45	52.54%	$18.32	1.52
Selected Cardiac	38.87%	$14.19	1.28	36.37%	$13.23	1.37	48.44%	$12.01	1.38	51.36%	$12.37	1.42
Part B NEC	12.12%	$57.98	0	7.75%	$73.29	0	11.41%	$58.14	0	12.48%	$69.04	0
PRE-HOSP												
Total Part B	52.78%	$53.73		55.64%	$52.47		64.14%	$62.41		67.41%	$65.86	
Office Visits	20.56%	$22.29	1.23	21.82%	$23.23	1.18	24.95%	$24.62	1.19	23.93%	$25.37	1.21
Home Visits	0.63%	$30.29	1.14	0.81%	$34.42	1.20	1.26%	$30.87	1.10	0.98%	$32.34	1.09
SNF/NF Visits	2.87%	$20.18	1.09	3.02%	$21.97	1.15	3.00%	$23.35	1.18	2.73%	$23.18	1.14
ER Visits	17.32%	$35.86	1.04	19.98%	$36.16	1.04	24.59%	$37.80	1.04	27.07%	$40.34	1.04
Consults	0.72%	$62.54	1.00	1.11%	$63.81	1.02	1.39%	$62.89	1.03	1.74%	$68.02	1.04
Surgery	4.76%	$55.22	1.04	3.22%	$106.24	1.19	4.78%	$108.33	1.21	6.30%	$95.62	1.15
Lab	21.54%	$24.29	2.61	21.85%	$18.61	2.27	25.71%	$17.67	2.41	26.08%	$19.77	2.54
Radiology	7.09%	$39.13	1.49	8.84%	$38.26	1.39	11.56%	$39.97	1.46	13.96%	$38.11	1.45
CAT Scans	0.09%	$57.20	1.00	0.13%	$170.31	1.10	0.23%	$147.63	1.13	0.34%	$132.67	1.09
Ultrasound	0.00%	$0.00	0	0.15%	$77.68	1.00	0.32%	$74.70	1.12	0.41%	$73.80	1.10
Special Tests	6.10%	$21.24	1.13	5.34%	$24.50	1.22	8.40%	$22.19	1.20	9.52%	$22.59	1.24
Echocardiograph	0.00%	$0.00	0	0.04%	$60.00	1.00	0.08%	$99.39	1.25	0.07%	$132.94	1.43
POST-HOSP												
Total Part B	31.33%	$41.57		41.69%	$51.06		31.32%	$56.49		36.84%	$56.30	
Office Visits	16.43%	$20.32	1.12	20.40%	$21.28	1.14	20.24%	$21.12	1.11	20.37%	$22.18	1.13
Home Visits	0.72%	$30.38	1.00	0.52%	$32.41	1.17	0.52%	$32.71	1.09	0.38%	$31.01	1.05
SNF/NF Visits	3.95%	$25.84	1.09	4.36%	$29.67	1.20	4.34%	$30.56	1.15	3.74%	$28.15	1.19
ER Visits	1.17%	$38.80	1.62	1.15%	$29.60	1.06	1.14%	$30.91	1.05	1.36%	$31.71	1.08
Consults	0.63%	$43.96	1.29	0.79%	$66.37	1.05	0.76%	$70.78	1.09	0.87%	$72.06	1.18
Surgery	1.17%	$165.57	1.15	1.88%	$201.53	1.08	2.20%	$204.85	1.21	3.73%	$111.74	1.17
Lab	15.89%	$14.51	2.11	19.48%	$15.21	2.05	21.49%	$13.87	2.12	21.64%	$15.87	2.17
Radiology	2.96%	$66.26	2.39	4.94%	$50.33	1.48	4.42%	$54.68	1.52	4.38%	$55.25	1.54
CAT Scans	0.00%	$0.00	0	0.15%	$145.43	1.00	0.25%	$119.44	1.15	0.27%	$130.00	1.22
Ultrasound	0.09%	$42.00	1.00	0.27%	$65.35	1.05	0.19%	$45.70	1.05	0.23%	$56.48	1.09
Special Tests	1.80%	$27.17	1.20	1.68%	$33.85	1.29	1.80%	$35.07	1.31	1.89%	$36.24	1.30
Echocardiograph	0.09%	$55.40	1.00	0.06%	$70.48	1.00	0.05%	$102.32	1.00	0.07%	$98.26	1.29

GI HEMORRHAGE
ALL POSITIVE CASES
DRG 175

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	MOS	PCT	EXP	MOS	PCT	EXP	MOS	PCT	EXP	MOS
INPATIENT												
Length of Stay	100.00%		7.89	100.00%		6.03	100.00%		5.74	100.00%		5.32
Total Part B	94.46%	$468.61		94.83%	$416.45		94.39%	$426.41		92.45%	$438.73	
Hospital Visits	88.93%	$186.11	8.22	89.77%	$157.82	5.94	88.14%	$152.24	5.54	87.55%	$152.16	5.24
ICU Visits	6.57%	$107.66	2.95	5.05%	$115.56	2.38	6.26%	$88.37	2.48	6.29%	$103.68	3.04
Consults	34.95%	$80.44	1.29	28.52%	$79.00	1.23	30.51%	$79.82	1.22	30.91%	$84.84	1.32
Surgery	51.21%	$298.78	1.36	56.74%	$288.71	1.29	56.19%	$307.72	1.32	55.52%	$326.91	1.29
Lab	17.30%	$79.84	21.52	11.79%	$33.77	1.57	15.51%	$37.60	1.46	16.64%	$36.46	1.41
Surgical Pathology	2.77%	$33.27	1.25	9.27%	$30.14	1.13	12.78%	$37.59	1.28	14.55%	$36.50	1.27
Radiology	66.44%	$86.12	3.21	73.89%	$63.83	2.57	74.32%	$64.32	2.44	70.21%	$61.19	2.23
CAT Scans	3.81%	$113.15	1.27	2.89%	$98.03	1.08	2.87%	$100.70	1.27	3.78%	$97.95	1.04
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
Ultrasound	6.23%	$71.68	1.39	6.62%	$42.68	1.18	5.35%	$41.59	1.05	5.59%	$41.64	1.08
Special Tests	35.99%	$22.15	1.56	40.43%	$15.67	1.23	42.37%	$14.56	1.29	45.17%	$14.82	1.25
Selected Cardiac	34.60%	$19.33	1.50	38.27%	$11.67	1.17	41.98%	$12.17	1.25	44.76%	$11.71	1.18
Part B NEC	8.65%	$94.25	0	5.78%	$47.87	0	9.26%	$31.36	0	6.43%	$22.91	0
PRE-HOSP												
Total Part B	55.36%	$59.84		56.56%	$50.01		63.10%	$73.47		64.48%	$68.64	
Office Visits	24.57%	$23.96	1.23	27.08%	$22.12	1.20	26.08%	$24.81	1.19	27.13%	$23.83	1.17
Home Visits	1.38%	$39.28	1.25	0.12%	$25.00	1.00	0.52%	$36.70	1.50	0.14%	$25.00	1.00
SNF/ICF Visits	0.69%	$16.50	1.00	0.60%	$16.84	1.00	0.52%	$21.60	1.00	0.84%	$19.22	1.00
ER Visits	14.19%	$26.63	1.00	21.90%	$31.10	1.04	24.38%	$34.21	1.03	28.39%	$39.24	1.06
Consults	1.38%	$64.50	1.00	1.20%	$52.94	1.00	1.30%	$72.11	1.00	1.68%	$87.36	1.42
Surgery	5.54%	$82.62	1.13	4.81%	$86.61	1.10	6.39%	$187.02	1.25	6.29%	$169.41	1.24
Lab	19.72%	$21.53	2.70	20.70%	$16.99	2.31	21.90%	$18.07	2.68	25.59%	$17.18	2.34
Radiology	12.80%	$43.33	1.46	7.70%	$49.11	1.36	11.73%	$53.45	1.54	11.89%	$37.33	1.37
CAT Scans	0.00%	$0.00	0	0.24%	$296.50	1.50	0.78%	$207.15	1.17	0.14%	$100.40	1.00
Ultrasound	0.69%	$89.75	1.00	0.12%	$25.00	1.00	0.13%	$122.55	2.00	0.28%	$58.00	1.00
Special Tests	5.54%	$22.01	1.13	4.93%	$21.77	1.24	8.60%	$31.53	1.23	9.93%	$25.60	1.18
Echocardiograph	0.00%	$0.00	0	0.00%	$0.00	0	0.13%	$90.00	2.00	0.00%	$0.00	0
POST-HOSP												
Total Part B	26.64%	$53.94		41.76%	$54.83		39.37%	$51.21		38.46%	$58.68	
Office Visits	16.61%	$20.17	1.10	25.03%	$20.49	1.11	24.90%	$22.12	1.16	28.81%	$23.06	1.16
Home Visits	0.00%	$0.00	0	0.12%	$25.00	1.00	0.13%	$20.70	1.00	0.00%	$0.00	0
SNF/ICF Visits	1.38%	$31.25	1.50	0.48%	$22.50	1.25	0.65%	$20.00	1.00	0.14%	$60.00	1.00
ER Visits	0.35%	$95.10	4.00	1.32%	$26.06	1.00	1.56%	$20.75	1.00	1.68%	$31.24	1.00
Consults	0.35%	$60.00	1.00	0.96%	$61.06	1.00	0.91%	$52.44	1.00	0.56%	$55.80	1.00
Surgery	1.38%	$244.48	1.25	3.01%	$234.17	1.12	3.52%	$162.48	1.30	5.03%	$148.88	1.08
Lab	13.49%	$15.11	1.90	20.58%	$13.85	1.77	20.21%	$12.68	1.97	20.98%	$13.65	1.86
Radiology	3.11%	$43.32	1.56	4.33%	$44.36	1.31	5.35%	$42.53	1.17	4.90%	$56.43	1.23
CAT Scans	0.00%	$0.00	0	0.00%	$0.00	0	0.13%	$86.00	1.00	0.28%	$84.55	1.00
Ultrasound	0.00%	$0.00	0	0.12%	$40.00	1.00	0.13%	$30.00	1.00	0.42%	$63.63	1.00
Special Tests	2.08%	$38.83	1.50	1.81%	$31.55	1.13	2.09%	$34.22	1.25	1.26%	$28.88	1.44
Echocardiograph	0.35%	$116.20	1.00	0.00%	$0.00	0	0.00%	$0.00	0	0.14%	$80.00	1.00

MISCELLANEOUS DIGESTIVE
POSITIVE CASES
DRG 182

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		7.44	100.00%		6.49	100.00%		6.29	100.00%		6.47
Total Part B	91.56%	$344.03		94.78%	$332.82		93.27%	$354.04		92.90%	$391.02	
Hospital Visits	87.26%	$173.84	7.47	90.24%	$167.61	6.49	88.78%	$172.50	6.45	88.79%	$184.89	6.67
ICU Visits	1.55%	$82.73	2.42	2.07%	$101.89	2.31	2.65%	$101.39	2.87	3.37%	$107.78	3.15
Consults	22.68%	$79.62	1.32	24.76%	$81.93	1.30	26.70%	$87.75	1.36	30.69%	$92.89	1.48
Surgery	27.57%*	$203.23	1.28	27.19%*	$227.81	1.29	27.26%*	$255.51	1.30	28.04%	$280.67	1.32
Lab	12.81%	$43.23	7.79	6.61%	$33.54	1.62	8.72%	$36.25	1.55	9.69%	$41.32	1.56
Surgical Pathology	2.13%	$36.15	1.26	4.26%	$34.15	1.22	6.47%	$35.36	1.26	7.20%	$40.95	1.22
Radiology	72.08%	$92.60	3.43	77.60%	$81.40	3.14	77.13%	$81.76	3.08	77.97%	$85.62	3.13
CAT Scans	5.97%	$101.76	1.13	7.32%	$100.68	1.14	8.33%	$105.43	1.21	10.32%	$106.13	1.23
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.05%	$129.21	1.00
Ultrasound	15.79%	$57.62	1.16	17.31%	$46.66	1.13	18.67%	$48.14	1.14	19.68%	$48.84	1.14
Special Tests	42.72%	$20.20	1.44	39.96%	$19.79	1.45	46.77%	$18.85	1.48	50.73%	$21.47	1.57
Echocardiograph	1.46%	$64.20	1.22	1.77%	$65.40	1.15	1.88%	$71.07	1.18	2.52%	$75.56	1.18
Selected Cardiac	41.34%	$15.26	1.33	38.32%	$14.07	1.34	45.56%	$13.14	1.38	49.55%	$14.45	1.45
Part B NEC	9.05%	$61.98		6.40%	$76.63		9.14%	$52.36		9.29%	$57.65	
PRE-HOSP												
Total Part B	52.67%	$46.69		54.52%	$50.05		62.49%	$60.32		66.66%	$68.74	
Office Visits	29.38%	$20.95	1.19	27.86%	$22.64	1.17	29.49%	$24.46	1.21	30.25%	$25.33	1.23
Home Visits	1.19%	$27.83	1.10	0.93%	$28.85	1.10	1.23%	$32.16	1.14	0.97%	$32.91	1.20
SNF/NH Visits	1.14%	$22.75	1.23	1.22%	$22.17	1.17	1.28%	$23.65	1.15	1.13%	$23.30	1.16
ER Visits	12.83%	$34.29	1.08	19.40%	$33.85	1.06	24.68%	$35.73	1.07	28.20%	$39.33	1.07
Consults	1.07%	$54.59	1.07	0.86%	$62.51	1.02	1.48%	$62.45	1.05	1.63%	$65.34	1.03
Surgery	1.70%	$81.76	1.06	2.47%	$86.75	1.13	3.21%	$125.34	1.13	4.95%	$115.70	1.12
Lab	15.31%	$19.23	2.18	14.73%	$19.38	2.17	18.52%	$19.29	2.42	20.01%	$20.52	2.46
Radiology	10.38%	$38.00	1.49	11.43%	$41.72	1.52	15.18%	$42.61	1.56	19.13%	$43.48	1.57
CAT Scans	0.10%	$141.99	1.00	0.25%	$134.93	1.10	0.40%	$142.00	1.11	0.74%	$128.60	1.10
Ultrasound	0.51%	$63.51	1.10	0.53%	$66.67	1.09	0.90%	$65.99	1.07	1.13%	$69.11	1.06
Special Tests	5.51%	$23.18	1.10	5.84%	$25.29	1.16	9.10%	$23.71	1.22	10.79%	$25.35	1.22
Echocardiograph	0.00%	$0.00	0	0.01%	$91.67	1.00	0.07%	$98.35	1.46	0.05%	$179.31	1.40
POST-HOSP												
Total Part B	24.50%	$46.93		36.45%	$50.66		34.46%	$54.14		32.47%	$59.25	
Office Visits	14.41%	$19.63	1.14	19.39%	$20.40	1.12	19.95%	$21.11	1.11	20.27%	$21.73	1.10
Home Visits	0.36%	$43.58	1.47	0.38%	$30.26	1.14	0.39%	$35.84	1.20	0.35%	$31.31	1.09
SNF/NH Visits	1.84%	$25.99	1.28	2.20%	$30.08	1.20	2.12%	$32.74	1.26	1.96%	$30.84	1.33
ER Visits	0.95%	$27.78	1.05	1.71%	$29.46	1.07	1.82%	$27.24	1.06	1.79%	$30.15	1.09
Consults	0.34%	$54.66	1.00	0.84%	$66.27	1.05	0.94%	$68.83	1.10	0.74%	$63.97	1.05
Surgery	1.12%	$91.01	1.09	1.57%	$145.84	1.20	1.68%	$143.72	1.22	2.81%	$126.20	1.13
Lab	6.14%	$18.52	2.11	8.47%	$17.51	1.94	10.19%	$16.96	2.03	10.49%	$18.97	2.07
Radiology	3.08%	$55.57	1.42	5.53%	$61.05	1.63	5.68%	$67.03	1.65	5.26%	$69.13	1.71
CAT Scans	0.27%	$142.81	1.18	0.53%	$124.31	1.11	0.64%	$128.92	1.16	0.54%	$142.22	1.24
Ultrasound	0.24%	$58.44	1.00	0.60%	$59.92	1.05	0.68%	$61.63	1.06	0.52%	$61.79	1.07
Special Tests	1.12%	$34.02	1.57	2.32%	$35.00	1.33	2.47%	$40.61	1.44	2.50%	$40.07	1.29
Echocardiograph	0.02%	$82.80	2.00	0.09%	$75.99	1.17	0.06%	$94.21	1.17	0.09%	$95.75	1.53

MISCELLANEOUS DIGESTIVE
POSITIVE CASES
DRG 183

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		6.59	100.00%		5.41	100.00%		5.32	100.00%		5.25
Total Part B	92.99%	$337.00		94.12%	$322.30		92.92%	$333.39		94.29%	$364.03	
Hospital Visits	88.21%	$150.05	6.61	87.46%	$140.34	5.37	86.75%	$146.08	5.36	88.01%	$152.56	5.36
ICU Visits	1.95%	$120.66	4.38	1.41%	$99.73	2.00	2.41%	$77.72	2.00	3.01%	$80.94	2.11
Consults	21.90%	$79.26	1.38	23.38%	$77.45	1.24	27.16%	$77.94	1.24	28.85%	$84.69	1.38
Surgery	29.98%*	$222.34	1.28	30.06%	$244.68	1.25	27.74%*	$274.06	1.28	27.71%	$320.93	1.30
Lab	13.48%	$35.45	7.12	7.66%	$35.94	1.85	8.16%	$33.73	1.36	8.79%	$44.50	1.46
Surgical Pathology	2.36%	$35.53	1.34	5.65%	$32.31	1.24	6.14%	$34.60	1.14	7.38%	$46.10	1.30
Radiology	70.49%	$99.25	3.60	77.31%	$90.86	3.34	78.24%	$85.66	3.16	79.33%	$90.47	3.08
CAT Scans	7.48%	$105.24	1.15	8.92%	$101.94	1.13	8.19%	$106.88	1.17	11.46%	$101.68	1.16
MRI	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.11%	$331.33	1.00
Ultrasound	18.33%	$53.77	1.12	22.97%	$43.06	1.14	24.83%	$44.07	1.13	26.19%	$47.16	1.13
Special Tests	44.20%	$23.05	1.48	39.21%	$24.74	1.56	43.58%	$21.57	1.56	46.40%	$26.25	1.73
Echocardiograph	2.02%	$59.62	1.10	1.93%	$62.85	1.15	1.78%	$66.41	1.16	3.01%	$68.19	1.22
Selected Cardiac	42.18%	$17.08	1.36	37.23%	$16.49	1.40	42.75%	$16.07	1.46	45.30%	$18.90	1.58
Part B NEC	8.63%	$93.29		5.55%	$59.41		7.18%	$44.22		7.80%	$47.14	
PRE-HOSP												
Total Part B	52.22%	$47.53		55.70%	$53.53		63.04%	$61.83		68.06%	$66.54	
Office Visits	31.20%	$21.41	1.20	31.04%	$23.78	1.21	32.15%	$24.91	1.22	33.46%	$25.16	1.24
Home Visits	0.34%	$25.50	1.00	0.28%	$25.45	1.00	0.21%	$31.93	1.17	0.30%	$25.01	1.00
SNF/NH Visits	0.20%	$14.83	1.33	0.18%	$28.51	1.57	0.24%	$32.59	1.29	0.04%	$15.00	1.00
ER Visits	12.67%	$30.87	1.06	19.19%	$32.46	1.07	24.83%	$34.66	1.06	28.40%	$39.39	1.10
Consults	0.61%	$49.22	1.00	1.26%	$60.20	1.00	1.95%	$62.93	1.00	1.71%	$68.15	1.04
Surgery	2.70%	$103.10	1.05	2.49%	$118.72	1.36	3.21%	$150.16	1.14	4.80%	$102.48	1.12
Lab	15.23%	$19.02	2.27	14.85%	$19.73	2.28	18.24%	$17.54	2.32	17.74%	$20.08	2.45
Radiology	10.85%	$42.88	1.47	13.46%	$43.36	1.46	16.74%	$45.71	1.53	20.18%	$46.96	1.58
CAT Scans	0.34%	$134.94	1.00	0.23%	$166.27	1.33	0.49%	$167.51	1.14	0.61%	$147.68	1.25
Ultrasound	0.34%	$61.96	1.20	1.05%	$71.97	1.10	1.78%	$67.60	1.08	1.52%	$64.01	1.08
Special Tests	4.65%	$18.98	1.15	6.04%	$30.04	1.51	8.89%	$28.21	1.22	12.45%	$24.85	1.19
Echocardiograph	0.00%	$0.00	0	0.03%	$204.00	2.00	0.00%	$0.00	0	0.08%	$117.70	1.00
POST-HOSP												
Total Part B	25.81%	$62.61		33.12%	$54.62		36.65%	$59.60		33.23%	$59.69	
Office Visits	16.58%	$20.39	1.17	20.22%	$20.88	1.15	23.74%	$22.11	1.14	22.92%	$22.54	1.15
Home Visits	0.27%	$49.40	2.25	0.05%	$17.85	1.00	0.07%	$25.35	1.00	0.00%	$0.00	0
SNF/NH Visits	0.40%	$17.83	1.17	0.31%	$23.84	1.00	0.38%	$24.77	1.00	0.27%	$43.20	1.57
ER Visits	0.94%	$28.20	1.00	1.80%	$31.74	1.10	2.62%	$28.83	1.11	1.87%	$29.54	1.10
Consults	0.40%	$62.20	1.00	1.03%	$67.98	1.08	1.05%	$68.03	1.13	0.99%	$63.64	1.04
Surgery	1.55%	$200.34	1.48	1.75%	$139.43	1.43	2.75%	$136.82	1.08	3.05%	$130.16	1.15
Lab	6.54%	$14.28	1.81	6.68%	$18.27	1.85	8.82%	$17.62	2.04	7.12%	$19.00	2.02
Radiology	3.77%	$98.31	1.82	5.91%	$61.40	1.54	7.29%	$63.32	1.51	7.61%	$70.37	1.57
CAT Scans	0.34%	$186.07	1.20	0.59%	$113.13	1.09	0.52%	$145.38	1.20	0.65%	$146.82	1.12
Ultrasound	0.13%	$75.55	1.00	0.75%	$61.66	1.07	0.91%	$67.43	1.12	0.88%	$63.15	1.04
Special Tests	1.82%	$40.20	1.15	2.52%	$53.36	1.36	3.63%	$46.66	1.24	2.40%	$56.21	1.19
Echocardiograph	0.00%	$0.00	0	0.03%	$40.00	1.00	0.10%	$64.70	1.00	0.08%	$109.50	1.00

AMI
ALL POSITIVE CASES
DRG 121

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		13.64	100.00%		12.78	100.00%		12.28	100.00%		11.74
Total Part B	84.55%	$686.28		94.89%	$604.78		94.90%	$630.69		93.75%	$660.30	
Hospital Visits	82.11%	$328.52	13.84	91.84%	$301.95	12.20	91.28%*	$301.29	11.82	90.22%	$300.55	11.22
ICU Visits	34.55%	$194.50	5.12	37.26%	$192.32	4.77	39.79%	$187.19	5.87	40.37%	$189.71	5.94
Consults	39.84%	$95.67	1.34	38.49%	$99.06	1.41	40.13%*	$102.96	1.51	43.27%*	$107.83	1.65
Surgery	20.33%	$302.13	1.54	18.30%	$385.74	1.39	18.61%	$410.65	1.49	20.27%	$417.61	1.41
Catheterizations	10.57%	$351.51		10.93%	$445.02		11.35%	$454.01		12.72%	$501.08	
Lab	8.13%	$231.51	27.95	4.01%	$37.49	2.70	6.37%	$28.14	2.52	8.04%	$33.06	3.87
Radiology	71.14%	$82.57	4.11	82.92%	$63.07	3.55	85.73%	$63.87	3.57	84.50%	$66.12	3.52
CAT Scans	4.47%	$138.93	1.27	3.15%	$91.70	1.13	3.56%	$94.02	1.17	4.67%	$95.35	1.16
Ultrasound	4.47%	$70.87	1.18	4.26%	$45.23	1.11	4.81%	$46.97	1.11	5.10%	$49.18	1.14
Special Tests	64.23%	$83.24	4.94	66.04%	$68.58	4.14	78.42%	$69.06	4.57	82.43%	$77.69	4.79
Echocardiograph	15.04%	$100.00	1.46	15.26%	$77.40	1.25	20.82%	$77.35	1.26	25.80%	$83.33	1.25
Selected Cardiac	60.16%	$52.64	4.45	60.65%	$44.18	4.00	75.36%	$42.10	4.28	79.61%	$43.28	4.41
Part B EKG	12.20%	$99.95	0	14.04%	$105.72	0	22.41%	$82.56	0	21.55%	$75.58	0
PRE-HOSP												
Total Part B	54.88%	$59.57		57.77%	$60.41		66.58%	$73.02		71.20%	$75.28	
Office Visits	16.67%	$23.47	1.20	18.41%	$22.84	1.15	19.66%	$23.86	1.15	20.76%	$25.12	1.16
Home Visits	0.41%	$25.30	1.00	0.88%	$29.27	1.18	0.95%	$33.56	1.17	0.71%	$30.35	1.07
SNF/NH Visits	0.41%	$15.00	1.00	1.11%	$23.82	1.24	1.07%	$27.75	1.26	0.99%	$25.73	1.20
ER Visits	28.46%	$37.33	1.07	30.67%	$38.39	1.04	34.03%	$40.77	1.04	36.80%	$42.32	1.05
Consults	1.63%	$65.35	1.00	0.99%	$70.02	1.24	1.33%	$61.87	1.13	1.56%	$62.91	1.02
Surgery	1.63%	$21.11	1.25	2.14%	$66.96	1.29	3.81%	$80.59	1.22	3.91%	$96.53	1.29
Lab	4.88%	$27.03	2.17	8.34%	$23.84	2.44	9.82%	$19.11	2.28	11.12%	$21.81	2.43
Radiology	14.23%	$22.51	1.20	14.20%	$24.85	1.31	17.02%	$25.35	1.35	21.21%	$25.49	1.36
CAT Scans	0.00%	$0.00	0	0.16%	$102.28	1.00	0.15%	$142.16	1.18	0.21%	$118.91	1.06
Ultrasound												
Special Tests	18.29%	$27.41	1.29	17.72%	$33.17	1.38	22.91%	$30.58	1.53	24.14%	$32.16	1.60
Echocardiograph	0.81%	$82.70	1.50	0.29%	$128.23	1.69	0.41%	$125.17	1.42	0.52%	$113.31	1.31
POST-HOSP												
Total Part B	34.55%	$64.14		49.18%	$60.94		42.92%	$83.04		38.78%	$79.10	
Office Visits	22.76%	$21.17	1.11	24.59%	$21.66	1.13	23.63%	$22.72	1.16	23.02%	$22.89	1.12
Home Visits	0.41%	$29.20	1.00	1.22%	$33.08	1.19	1.07%	$32.86	1.13	0.91%	$36.02	1.16
SNF/NH Visits	2.03%	$53.74	2.20	3.69%	$33.66	1.23	3.77%	$34.93	1.37	3.11%	$31.83	1.32
ER Visits	2.44%	$21.49	1.33	2.26%	$32.68	1.05	2.32%	$31.90	1.01	2.29%	$33.30	1.06
Consults	0.41%	$92.60	1.00	1.02%	$79.38	1.23	1.12%	$63.07	1.01	1.15%	$74.56	1.35
Surgery	1.63%	$79.78	1.25	0.45%	$382.25	1.28	0.92%	$797.57	1.44	2.59%	$188.06	1.21
Lab	11.38%	$17.99	2.14	11.81%	$21.06	2.23	13.23%	$19.88	2.39	13.12%	$20.62	2.36
Radiology	3.25%	$60.91	1.25	6.90%	$39.02	1.44	6.73%	$40.22	1.59	5.91%	$40.83	1.60
CAT Scans	0.41%	$319.55	1.00	0.18%	$131.04	1.30	0.12%	$113.09	1.11	0.20%	$102.15	1.07
Ultrasound	0.00%	$0.00	0	0.18%	$40.91	1.00	0.12%	$30.99	1.00	0.16%	$48.61	1.00
Special Tests	6.50%	$41.95	1.69	11.40%	$51.72	1.35	11.44%	$51.85	1.36	11.57%	$54.79	1.39
Echocardiograph	0.41%	$60.65	1.00	0.52%	$83.00	1.21	0.61%	$116.16	1.33	0.69%	$103.28	1.27

AMI
ALL POSITIVE CASES
DRG 122

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		13.02	100.00%		10.69	100.00%		9.83	100.00%		9.42
Total Part B	92.67%	$532.95		94.91%	$517.20		94.68%	$521.34		94.15%	$556.58	
Hospital Visits	88.83%	$266.63	12.08	90.78%	$255.14	10.36	90.39%	$243.71	9.52	89.79%	$242.73	8.97
ICU Visits	31.44%	$175.61	4.22	31.97%	$154.57	3.99	33.17%	$141.57	4.44	35.34%	$151.96	4.78
Consults	32.93%	$86.33	1.28	34.10%	$95.22	1.32	35.47%	$93.90	1.37	37.85%	$97.71	1.57
Surgery	13.63%	$431.68	1.36	16.00%	$535.46	1.29	16.38%	$576.26	1.29	18.63%	$566.09	1.23
Catheterizations	8.76%	$481.66		12.56%	$565.27		13.43%	$604.34		15.87%	$608.65	
Lab	13.12%	$95.95	18.22	2.84%	$33.42	2.85	5.14%	$24.11	2.06	5.88%	$31.02	2.92
Radiology	72.16%	$61.15	3.07	80.14%	$51.18	2.38	80.96%	$48.24	2.20	78.81%	$51.32	2.23
CAT Scans	2.46%	$104.63	1.12	2.93%	$92.78	1.08	2.72%	$99.98	1.18	3.46%	$96.53	1.16
Ultrasound	4.47%	$50.56	1.08	4.07%	$42.68	1.11	4.12%	$43.89	1.08	4.79%	$44.55	1.07
Special Tests	58.82%	$66.62	4.41	67.46%	$56.65	3.93	77.87%	$57.97	4.12	79.27%	$70.05	4.25
Echocardiograph	8.59%	$87.55	1.26	10.51%	$72.57	1.22	13.02%	$74.04	1.23	17.65%	$82.20	1.24
Selected Cardiac	55.24%	$51.45	4.25	64.89%	$43.61	3.79	76.10%	$42.27	3.92	77.12%	$43.20	4.00
Part B HBC	16.44%	$104.75	0	12.18%	$89.71	0	17.14%	$71.54	0	16.59%	$70.06	0
PRE-HOSP												
Total Part B	54.30%	$58.34		58.77%	$57.15		65.21%	$67.96		68.21%	$68.06	
Office Visits	19.30%	$22.84	1.19	20.49%	$22.95	1.15	22.32%	$24.56	1.16	22.90%	$24.34	1.15
Home Visits	0.97%	$26.55	1.12	0.57%	$25.66	1.05	0.54%	$28.48	1.07	0.43%	$30.63	1.10
SNF/NE Visits	0.69%	$19.83	1.08	0.45%	$20.32	1.19	0.40%	$22.02	1.16	0.43%	$23.55	1.19
ER Visits	22.79%	$34.80	1.04	30.94%	$36.55	1.04	32.56%	$38.72	1.05	34.62%	$40.46	1.05
Consults	1.20%	$66.37	1.00	1.14%	$71.32	1.03	1.63%	$65.43	1.14	1.66%	$71.35	1.11
Surgery	2.18%	$75.54	1.08	2.08%	$66.64	1.21	2.13%	$73.78	1.11	2.69%	$92.03	1.17
Lab	8.65%	$27.50	2.63	7.48%	$20.27	2.25	9.25%	$19.27	2.31	9.83%	$20.97	2.30
Radiology	11.80%	$21.75	1.21	12.24%	$25.23	1.19	14.35%	$26.17	1.25	18.36%	$24.37	1.21
CAT Scans	0.11%	$79.90	1.00	0.09%	$126.42	1.00	0.24%	$124.73	1.11	0.12%	$182.39	1.33
Ultrasound												
Special Tests	18.04%	$30.50	1.38	21.42%	$30.87	1.32	27.44%	$30.87	1.45	27.92%	$30.50	1.40
Echocardiograph	0.29%	$122.00	1.20	0.13%	$113.12	1.22	0.24%	$111.04	1.63	0.36%	$125.60	1.39
POST-HOSP												
Total Part B	29.84%	$51.97		44.83%	$73.19		39.35%	$94.59		36.34%	$107.45	
Office Visits	18.44%	$20.40	1.14	25.21%	$21.24	1.13	24.65%	$21.35	1.11	24.43%	$21.81	1.09
Home Visits	0.74%	$33.23	1.23	0.51%	$35.80	1.20	0.46%	$31.40	1.11	0.32%	$31.17	1.09
SNF/NE Visits	1.37%	$24.91	1.25	1.34%	$30.16	1.30	1.44%	$35.54	1.57	1.04%	$33.33	1.36
ER Visits	1.20%	$30.69	1.10	2.07%	$33.92	1.06	1.90%	$31.10	1.07	1.93%	$34.17	1.06
Consults	0.34%	$68.37	1.00	0.93%	$75.34	1.08	1.27%	$70.61	1.09	1.45%	$78.19	1.21
Surgery	0.11%	$15.00	1.00	1.05%	$603.38	1.61	1.24%	$817.40	1.33	1.97%	$571.54	1.26
Lab	7.33%	$18.19	1.99	7.67%	$17.75	1.99	7.64%	$14.88	1.99	8.32%	$15.17	1.95
Radiology	4.30%	$45.78	1.44	5.22%	$45.29	1.55	5.39%	$51.38	1.63	5.24%	$52.98	1.72
CAT Scans	0.00%	$0.00	0	0.15%	$123.37	1.40	0.22%	$110.22	1.06	0.08%	$79.18	1.00
Ultrasound	0.06%	$36.80	1.00	0.20%	$50.06	1.00	0.18%	$51.91	1.00	0.25%	$48.55	1.17
Special Tests	9.28%	$46.11	1.25	12.59%	$52.03	1.30	13.47%	$60.25	1.41	13.03%	$68.64	1.42
Echocardiograph	0.23%	$65.85	1.00	0.34%	$104.89	1.35	0.51%	$97.65	1.25	0.79%	$122.34	1.26

AMI
ALL POSITIVE CASES
DRG 123

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		6.21	100.00%		5.98	100.00%		5.59	100.00%		5.70
Total Part B	88.03%	$436.57		93.82%	$454.64		93.87%	$465.32		93.42%	$504.09	
Hospital Visits	70.79%	$155.10	5.93	76.15%	$169.93	6.06	76.47%	$164.88	5.57	76.99%*	$170.16	5.43
ICU Visits	35.90%	$161.32	3.41	37.78%	$175.66	3.60	40.52%	$167.81	4.64	42.27%	$176.73	4.84
Consults	33.47%	$92.28	1.27	37.02%	$101.55	1.38	38.45%	$106.10	1.43	41.38%	$111.58	1.60
Surgery	34.89%*	$250.48	1.53	38.92%*	$245.81	1.54	39.73%	$250.78	1.57	36.32%	$304.56	1.60
Catheterizations	12.78%	$256.34		16.98%	$290.48		18.54%	$282.92		18.51%	$309.27	
Lab	11.36%	$99.65	19.02	2.40%	$34.85	2.92	4.72%	$25.61	2.69	6.43%	$27.97	2.70
Radiology	65.92%	$45.58	3.20	76.34%	$47.32	3.30	79.51%	$46.44	3.17	77.97%*	$51.31	3.42
CAT Scans	2.43%	$79.75	1.08	3.35%	$85.32	1.12	3.55%	$86.95	1.14	4.65%*	$89.48	1.15
Ultrasound	3.04%	$50.58	1.13	2.46%	$54.04	1.18	3.50%	$47.54	1.06	3.49%*	$48.47	1.09
Special Tests	53.75%	$54.34	3.45	64.62%	$53.72	3.22	73.79%	$53.29	3.40	77.68%	$61.56	3.74
Echocardiograph	4.06%	$84.92	1.20	7.78%	$75.94	1.26	10.03%	$78.64	1.25	12.72%	$89.80	1.38
Selected Cardiac	49.49%	$29.34	3.09	58.58%	$27.58	2.95	68.92%	$26.43	3.09	72.97%	$28.72	3.36
Part B NEC	21.70%	$110.69	0	13.75%	$99.64	0	19.66%	$82.73	0	20.62%	$85.29	0
PRE-HOSP												
Total Part B	54.56%	$56.46		58.58%	$66.62		66.61%	$76.24		70.16%	$80.16	
Office Visits	16.02%	$19.38	1.10	15.69%	$22.61	1.12	18.54%	$22.21	1.13	19.13%	$23.11	1.10
Home Visits	1.01%	$28.60	1.20	1.17%	$30.00	1.13	1.24%	$28.85	1.16	1.15%	$35.10	1.17
SNF/NH Visits	2.23%	$17.26	1.00	2.15%	$21.41	1.13	1.92%	$22.64	1.57	1.99%	$20.17	1.08
ER Visits	25.96%	$36.70	1.06	31.94%	$38.19	1.05	33.80%	$41.69	1.06	35.17%	$43.31	1.05
Consults	0.81%	$80.45	1.00	1.23%	$73.62	1.00	1.68%	$61.46	1.07	1.82%	$67.70	1.08
Surgery	2.43%	$69.64	1.25	4.40%	$96.80	1.32	5.91%	$90.55	1.40	6.99%	$101.50	1.43
Lab	7.30%	$23.29	2.00	7.78%	$22.62	2.17	9.86%	$19.41	2.30	10.35%	$20.32	2.28
Radiology	9.94%	$22.17	1.25	13.38%	$22.72	1.33	15.77%	$22.98	1.40	19.18%	$25.24	1.34
CAT Scans	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.34%	$87.16	1.14
Ultrasound												
Special Tests	13.18%	$26.70	1.34	17.45%	$29.74	1.34	20.95%	$30.57	1.49	21.80%	$33.85	1.47
Echocardiograph	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.46%	$108.63	1.32
POST-HOSP												
Total Part B	0.00%	$0.00		0.00%	$0.00		0.00%	$0.00		0.62%	$122.15	
Office Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
Home Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
SNF/NH Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
ER Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.10%	$50.14	1.00
Consults	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.02%	$100.00	1.00
Surgery	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.62%	$83.42	1.08
Lab	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
Radiology	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.05%	$16.05	1.50
CAT Scans	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
Ultrasound	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0
Special Tests	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.14%	$63.39	1.33
Echocardiograph	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0	0.00%	$0.00	0

AMI
ALL POSITIVE CASES
DRG 129

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%		7.53	100.00%		7.25	100.00%		6.26	100.00%		6.38
Total Part B	86.46%	$471.46		90.60%	$477.09		90.33%	$448.17		90.99%	$503.92	
Hospital Visits	70.31%	$205.83	8.22	75.18%	$212.59	7.67	73.99%	$190.89	6.60	74.05%	$217.78	6.98
ICU Visits	27.08%	$185.63	4.19	34.22%	$195.03	4.21	34.30%	$178.61	4.19	41.62%	$189.64	5.12
Consults	28.13%	$124.79	1.69	36.47%	$120.48	1.64	35.05%	$121.80	1.62	40.36%	$128.08	1.61
Surgery	24.74%	$223.31	1.58	28.97%	$202.31	1.51	29.15%	$187.44	1.53	32.25%	$189.58	1.44
Catheterizations	7.29%	$240.07		8.56%	$235.30		7.79%	$248.69		7.75%	$263.44	
Lab	12.50%	$120.73	24.38	5.61%	$49.23	9.80	5.53%	$23.97	3.46	7.03%	$31.59	2.49
Radiology	59.38%	$72.03	4.16	73.21%	$54.13	3.62	75.13%	$51.74	3.39	73.51%	$53.95	3.54
CAT Scans	9.38%	$96.66	1.44	10.80%	$81.69	1.18	11.68%	$83.14	1.12	12.70%	$80.05	1.11
Ultrasound	4.69%	$47.83	1.11	2.38%	$55.79	1.12	2.39%	$45.37	1.16	2.52%	$59.81	1.36
Special Tests	59.38%	$71.08	3.28	63.81%	$59.64	2.93	67.34%	$54.58	2.96	72.97%	$51.16	2.87
Echocardiograph	3.65%	$69.86	1.14	4.07%	$65.31	1.14	4.02%	$69.61	1.16	6.31%	$92.94	1.51
Selected Cardiac	55.73%	$32.37	2.77	57.36%	$23.96	2.39	62.06%	$22.30	2.37	66.49%	$20.85	2.36
Part B NIC	21.88%	$84.56	0	10.66%	$132.68	0	15.95%	$140.95	0	19.46%	$131.70	0
PRE-HOSP												
Total Part B	59.90%	$89.05		57.64%	$84.70		67.34%	$107.30		67.39%	$114.87	
Office Visits	10.94%	$24.21	1.24	13.04%	$22.67	1.12	15.08%	$21.84	1.06	15.14%	$23.55	1.12
Home Visits	1.04%	$37.50	1.50	0.84%	$28.63	1.17	1.26%	$28.66	1.10	1.26%	$39.60	1.23
SNF/NH Visits	0.52%	$25.00	1.00	1.82%	$25.25	1.23	2.76%	$21.29	1.09	3.06%	$22.04	1.12
ER Visits	27.08%	$40.91	1.06	28.89%	$41.65	1.06	30.03%	$47.81	1.03	26.85%	$48.64	1.05
Consults	0.52%	$48.70	1.00	0.84%	$94.20	1.17	1.88%	$66.61	1.00	2.16%	$75.53	1.06
Surgery	6.25%	$133.13	1.58	9.26%	$77.48	1.36	11.81%	$95.85	1.54	12.79%	$117.77	1.39
Lab	10.42%	$22.58	1.85	9.68%	$24.79	2.35	10.43%	$25.07	2.35	13.15%	$23.26	2.45
Radiology	11.98%	$34.08	1.91	12.06%	$36.68	1.54	18.72%	$25.29	1.44	19.82%	$37.15	1.54
CAT Scans	1.04%	$74.85	1.00	0.70%	$177.90	1.60	0.63%	$100.30	1.20	1.62%	$102.54	1.06
Ultrasound												
Special Tests	14.06%	$53.17	1.37	18.23%	$47.54	1.35	21.36%	$55.70	1.59	20.18%	$51.73	1.43
Echocardiograph	0.00%	$0.00	0	0.00%	$0.00	0	0.25%	$61.45	1.50	0.00%	$0.00	0
POST-HOSP												
Total Part B	8.85%	$101.32		12.90%	$83.47		10.18%	$75.42		11.17%	$123.28	
Office Visits	2.60%	$20.50	1.00	5.33%	$22.55	1.08	3.52%	$24.09	1.11	3.24%	$20.19	1.06
Home Visits	0.00%	$0.00	0	0.00%	$0.00	0	0.25%	$22.50	1.00	0.18%	$24.80	1.00
SNF/NH Visits	0.52%	$50.00	1.00	1.96%	$36.59	1.21	1.88%	$62.08	3.60	2.34%	$24.79	1.08
ER Visits	0.52%	$26.00	1.00	0.28%	$11.18	1.00	0.38%	$56.67	1.00	0.90%	$43.84	1.00
Consults	0.00%	$0.00	0	0.56%	$67.08	1.00	0.25%	$127.85	1.50	0.72%	$126.75	2.75
Surgery	0.00%	$0.00	0	1.12%	$94.60	1.13	0.25%	$145.68	1.00	0.54%	$47.30	1.33
Lab	2.08%	$99.91	8.75	4.07%	$18.79	2.00	2.89%	$19.46	2.09	3.42%	$25.53	2.84
Radiology	1.04%	$20.85	1.00	2.10%	$51.61	2.00	1.13%	$57.10	2.00	1.98%	$37.89	1.82
CAT Scans	0.00%	$0.00	0	0.28%	$66.12	1.00	0.25%	$93.40	1.00	0.18%	$93.00	1.00
Ultrasound	0.00%	$0.00	0	0.14%	$44.90	1.00	0.13%	$38.36	1.00	0.00%	$0.00	0
Special Tests	4.69%	$51.43	1.33	3.23%	$81.92	2.48	2.76%	$62.22	1.73	4.14%	$98.12	1.87
Echocardiograph	0.00%	$0.00	0	0.14%	$47.60	1.00	0.13%	$84.00	1.00	0.18%	$136.00	2.00

CHOLECYSTECTOMY
POSITIVE CASES
DRG 195

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%	20.52		100.00%	15.24		100.00%	14.11		100.00%	13.78	
Total Part B	100.00%	$1,869.29		100.00%	$1,894.93		100.00%	$1,883.50		100.00%	$1,885.97	
Hospital Visits	83.33%	$264.36	11.67	79.89%	$264.14	10.88	78.49%	$257.75	10.27	78.03%	$252.36	9.61
ICU Visits	7.47%	$196.07	6.62	8.87%	$158.30	4.26	8.88%	$162.40	5.42	10.04%	$136.17	4.18
Consults	48.28%	$93.75	1.48	47.78%	$99.60	1.53	44.22%	$105.83	1.58	41.22%	$107.52	1.66
Surgery	100.00%	$1,056.39	1.40	100.00%	$1,104.26	1.46	100.00%	$1,096.40	1.50	100.00%	$1,090.93	1.47
Assistant Surgery	52.87%	$186.79		54.13%	$192.21		57.45%	$192.50		56.12%	$189.29	
Anesthesia	97.70%	$250.21		99.69%	$275.19		100.00%	$266.54		100.00%	$268.84	
Lab	35.06%	$117.65	14.12	71.02%	$37.52	1.43	84.77%	$37.55	1.41	85.67%	$43.04	1.44
Surgical Pathology	28.74%	$41.23	1.50	68.27%	$36.77	1.30	83.77%	$36.53	1.30	84.91%	$41.41	1.30
Radiology	88.51%	$172.10	6.42	94.42%	$146.20	5.67	97.33%	$137.08	5.40	97.73%	$142.30	5.35
CAT Scans	10.34%	$136.94	1.17	11.47%	$113.80	1.25	13.16%	$103.63	1.18	15.34%	$115.35	1.29
Ultrasound	45.98%	$60.36	1.14	49.54%	$51.01	1.11	46.03%	$50.76	1.12	50.32%	$51.36	1.11
Special Tests	60.92%	$37.56	2.83	57.34%	$22.23	1.91	69.74%	$22.62	1.99	72.41%	$21.21	1.86
Selected Cardiac	59.77%	$17.35	1.81	55.73%	$15.81	1.70	67.80%	$15.62	1.83	70.71%	$15.73	1.73
Part B NEC	22.41%	$70.07		14.37%	$91.03		14.16%	$92.39		14.96%	$83.15	
PRE-HOSP												
Total Part B	53.45%	$69.68		58.64%	$76.05		70.21%	$82.62		75.88%	$89.20	
Office Visits	27.59%	$24.21	1.21	26.38%	$27.17	1.22	32.93%	$28.10	1.25	33.65%	$26.24	1.16
Home Visits	1.72%	$33.23	1.33	1.15%	$30.07	1.00	0.94%	$27.17	1.00	1.14%	$33.96	1.17
SNF/NH Visits	0.57%	$11.70	1.00	1.91%	$21.44	1.20	1.67%	$24.24	1.20	1.45%	$29.05	1.13
ER Visits	15.52%	$34.82	1.04	18.12%	$35.78	1.09	21.71%	$37.07	1.10	26.64%	$41.55	1.06
Consults	2.30%	$64.58	1.00	2.29%	$65.45	1.07	3.47%	$55.32	1.04	3.98%	$64.68	1.06
Surgery	0.57%	$63.50	1.00	2.37%	$113.37	1.03	3.34%	$137.13	1.76	4.48%	$94.69	1.20
Anesthesia	0.57%	$301.40	1.00	0.08%	$111.20	1.00	0.27%	$222.90	1.00	0.32%	$322.62	1.60
Lab	17.24%	$33.73	2.77	17.89%	$30.08	2.82	21.71%	$28.14	2.90	26.26%	$33.34	2.95
Radiology	14.94%	$68.08	1.96	21.87%	$71.04	1.71	28.06%	$63.11	1.73	33.46%	$65.02	1.69
CAT Scans	0.00%	$0.00	0.00	0.99%	$95.28	1.00	1.47%	$137.26	1.00	2.02%	$131.04	1.03
Ultrasound	5.75%	$63.96	1.10	8.03%	$76.72	1.06	10.89%	$62.35	1.04	12.56%	$68.23	1.02
Special Tests	6.90%	$40.67	1.25	9.63%	$23.20	1.18	15.16%	$23.27	1.20	17.74%	$20.61	1.28
POST-HOSP												
Total Part B	19.54%	$49.19		30.66%	$44.42		31.06%	$49.83		25.82%	$47.56	
Office Visits	3.45%	$18.73	1.00	10.09%	$22.09	1.23	10.82%	$22.15	1.15	8.65%	$22.09	1.15
Home Visits	2.30%	$40.60	1.50	0.38%	$30.60	1.20	0.20%	$30.33	1.00	0.38%	$35.02	1.17
SNF/NH Visits	0.57%	$60.00	1.00	3.29%	$32.25	1.33	3.54%	$40.62	1.83	2.08%	$28.15	1.12
ER Visits	0.57%	$42.50	1.00	0.92%	$24.35	1.00	1.14%	$34.84	1.47	1.01%	$32.11	1.00
Consults	1.15%	$84.80	1.00	0.46%	$75.82	1.33	0.60%	$49.08	1.00	0.25%	$50.55	1.00
Surgery	1.15%	$22.50	1.00	0.99%	$38.26	1.15	1.07%	$44.34	1.38	1.45%	$31.72	1.13
Anesthesia	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.20%	$316.43	1.33	0.06%	$232.50	1.00
Lab	9.20%	$20.48	2.19	9.10%	$19.76	2.15	10.02%	$18.78	2.21	7.70%	$19.27	2.17
Radiology	3.45%	$23.11	1.00	8.56%	$47.86	1.24	11.09%	$44.51	1.43	10.23%	$48.20	1.27
CAT Scans	0.00%	$0.00	0.00	0.23%	$91.03	1.00	0.20%	$92.40	1.33	0.25%	$109.71	1.25
Ultrasound	0.00%	$0.00	0.00	0.15%	$69.50	1.00	0.07%	$60.44	1.00	0.06%	$55.00	1.00
Special Tests	1.72%	$15.63	1.33	1.22%	$35.43	1.31	1.80%	$26.34	1.22	1.07%	$39.27	1.88

CHOLECYSTECTOMY
POSITIVE CASES
DRG 196

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%	15.10		100.00%	13.04		100.00%	10.16		100.00%	9.97	
Total Part B	100.00%	$1,669.47		100.00%	$1,611.51		100.00%	$1,517.74		100.00%	$1,622.82	
Hospital Visits	66.00%	$236.49	10.64	68.00%	$175.97	7.12	57.14%	$162.75	6.20	60.53%	$160.57	5.44
ICU Visits	6.00%	$197.00	3.67	8.00%	$53.55	1.38	0.00%	$0.00	0.00	5.26%	$92.80	1.50
Consults	34.00%	$70.30	1.24	34.00%	$77.22	1.27	22.86%	$83.17	1.21	22.37%	$81.67	1.18
Surgery	100.00%	$1,000.46	1.24	100.00%	$1,032.14	1.32	100.00%	$959.08	1.17	100.00%	$1,041.64	1.34
Assistant Surgery	56.00%	$200.66		48.00%	$179.81		59.05%	$191.15		52.63%	$182.84	
Anesthesia	94.00%	$234.53		100.00%	$250.78		99.05%	$233.37		98.68%	$258.09	
Lab	32.00%	$120.03	17.94	69.00%	$38.39	1.29	82.86%	$39.15	1.23	92.11%	$43.88	1.40
Surgical Pathology	28.00%	$32.35	1.29	68.00%	$36.73	1.22	82.86%	$38.38	1.20	90.79%	$42.41	1.29
Radiology	88.00%	$134.29	5.21	92.00%	$107.60	4.28	94.29%	$93.51	3.74	92.11%	$111.60	3.79
CAT Scans	8.00%	$65.36	1.00	11.00%	$76.95	1.00	6.67%	$92.80	1.00	11.84%	$118.83	1.22
Ultrasound	50.00%	$58.76	1.16	39.00%	$51.08	1.18	32.38%	$48.87	1.18	30.26%	$54.36	1.09
Special Tests	62.00%	$27.88	2.03	55.00%	$28.25	1.64	62.86%	$14.16	1.36	63.16%	$10.86	1.44
Selected Cardiac	56.00%	$13.54	1.71	54.00%	$16.42	1.52	62.86%	$12.34	1.30	61.84%	$10.72	1.45
Part B NBC	12.00%	$57.75		7.00%	$29.80		8.57%	$38.34		10.53%	$34.23	
PRE-HOSP												
Total Part B	50.00%	$50.78		61.00%	$60.28		65.71%	$100.17		68.42%	$96.08	
Office Visits	26.00%	$19.15	1.08	36.00%	$22.29	1.11	35.24%	$28.69	1.27	32.89%	$33.12	1.52
Home Visits	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.00%	$0.00	0.00
SNF/NH Visits	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.00%	$0.00	0.00
ER Visits	14.00%	$31.79	1.14	16.00%	$29.17	1.06	11.43%	$41.73	1.08	17.11%	$38.19	1.08
Consults	0.00%	$0.00	0.00	2.00%	$64.50	1.00	4.76%	$42.50	1.00	3.95%	$53.03	1.00
Surgery	2.00%	$99.00	1.00	1.00%	$250.00	1.00	1.90%	$429.75	2.00	2.63%	$267.75	1.00
Anesthesia	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.00%	$0.00	0.00
Lab	8.00%	$20.21	2.50	23.00%	$29.50	2.52	23.81%	$41.68	4.20	17.11%	$36.55	2.92
Radiology	16.00%	$23.84	1.38	18.00%	$50.35	1.61	35.24%	$71.89	1.73	35.53%	$75.74	1.82
CAT Scans	0.00%	$0.00	0.00	1.00%	$90.00	1.00	0.95%	$115.00	1.00	2.63%	$92.50	1.00
Ultrasound	0.00%	$0.00	0.00	5.00%	$47.17	1.00	12.38%	$60.19	1.00	17.11%	$73.59	1.08
Special Tests	14.00%	$39.51	1.29	8.00%	$22.73	1.00	17.14%	$24.09	1.22	11.84%	$17.72	1.11
POST-HOSP												
Total Part B	20.00%	$16.95		30.00%	$35.88		26.67%	$111.50		15.79%	$91.43	
Office Visits	12.00%	$13.92	1.00	9.00%	$17.50	1.11	10.48%	$20.43	1.09	2.63%	$42.50	2.00
Home Visits	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.00%	$0.00	0.00
SNF/NH Visits	0.00%	$0.00	0.00	1.00%	$43.00	1.00	0.00%	$0.00	0.00	1.32%	$45.00	3.00
ER Visits	2.00%	$17.00	1.00	2.00%	$27.25	1.00	1.90%	$32.55	1.00	1.32%	$44.00	1.00
Consults	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.95%	$86.50	2.00	1.32%	$85.00	1.00
Surgery	0.00%	$0.00	0.00	1.00%	$30.40	2.00	0.95%	$1,070.80	3.00	1.32%	$50.00	1.00
Anesthesia	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.95%	$169.70	1.00	0.00%	$0.00	0.00
Lab	2.00%	$20.00	2.00	7.00%	$22.91	1.86	8.57%	$25.78	2.44	1.32%	$29.50	2.00
Radiology	2.00%	$29.00	1.00	14.00%	$34.44	1.14	13.33%	$51.36	1.50	9.21%	$76.53	2.29
CAT Scans	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.95%	$172.00	2.00	0.00%	$0.00	0.00
Ultrasound	0.00%	$0.00	0.00	1.00%	$48.00	1.00	0.00%	$0.00	0.00	0.00%	$0.00	0.00
Special Tests	0.00%	$0.00	0.00	2.00%	$14.50	1.00	2.86%	$23.38	1.33	1.32%	$6.00	1.00

CHOLECYSTECTOMY
POSITIVE CASES
DRG 197

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%	13.28		100.00%	11.94		100.00%	11.11		100.00%	10.85	
Total Part B	92.36%	$1,399.65		95.06%	$1,524.28		92.98%	$1,531.39		93.14%	$1,557.22	
Hospital Visits	65.78%	$207.32	9.26	67.16%	$222.00	9.01	65.37%	$217.47	8.47	65.72%	$220.49	8.23
ICU Visits	5.32%	$168.53	5.13	5.55%	$135.66	3.48	5.56%	$120.74	3.70	6.88%	$149.89	4.39
Consults	34.72%	$83.84	1.36	38.99%	$89.68	1.40	34.24%	$97.57	1.54	33.05%	$103.67	1.59
Surgery	88.87%	$862.23	1.32	92.13%	$940.99	1.37	89.52%	$943.89	1.38	89.98%	$951.68	1.35
Assistant Surgery	53.49%	$157.44		51.87%	$171.01		53.38%	$171.82		51.11%	$173.10	
Anesthesia	97.51%	$206.34		99.95%	$224.51		100.00%	$224.12		100.00%	$224.76	
Lab	29.73%	$64.29	7.67	65.94%	$38.32	1.35	74.92%	$37.65	1.32	78.82%	$40.89	1.31
Surgical Pathology	25.25%	$36.38	1.18	64.79%	$37.47	1.26	74.19%	$36.53	1.23	78.51%	$39.70	1.22
Radiology	78.07%	$114.05	4.55	84.24%	$101.43	4.15	84.85%	$96.22	3.97	84.63%	$101.64	4.01
CAT Scans	3.82%	$129.08	1.35	6.47%	$110.08	1.23	7.21%	$107.89	1.24	7.59%	$120.59	1.35
Ultrasound	30.90%	$59.04	1.15	34.42%	$49.30	1.13	32.43%	$49.48	1.12	33.10%	$50.70	1.12
Special Tests	51.33%	$21.91	2.00	52.26%	$21.15	1.75	60.00%	$21.29	1.83	62.13%	$22.29	1.88
Selected Cardiac	49.50%	$17.09	1.66	50.48%	$15.32	1.59	58.86%	$14.65	1.67	60.81%	$15.08	1.71
Part B NEC	12.13%	$75.76		10.21%	$82.06		10.61%	$94.24		10.46%	$71.47	
PRE-HOSP												
Total Part B	53.32%	$65.46		56.32%	$69.49		62.54%	$81.37		67.91%	$94.30	
Office Visits	29.90%	$22.86	1.18	27.36%	$24.58	1.20	30.15%	$26.46	1.22	32.89%	$27.71	1.23
Home Visits	0.66%	$24.95	1.00	0.61%	$26.60	1.04	0.43%	$34.11	1.10	0.60%	$32.97	1.12
SNF/NH Visits	0.50%	$29.70	2.00	0.95%	$25.87	1.28	0.94%	$23.00	1.26	0.78%	$22.70	1.09
ER Visits	10.30%	$31.89	1.05	14.76%	$35.60	1.05	16.63%	$37.05	1.05	18.73%	$40.47	1.08
Consults	1.99%	$50.53	1.00	2.71%	$55.58	1.04	3.50%	$56.71	1.08	3.56%	$59.77	1.05
Surgery	1.66%	$61.94	1.10	1.83%	$157.03	1.05	2.87%	$192.70	1.14	4.64%	$178.81	1.13
Anesthesia	0.17%	$172.10	1.00	0.07%	$148.23	1.00	0.14%	$201.11	1.14	0.36%	$223.15	1.25
Lab	16.94%	$24.51	2.44	15.20%	$27.45	2.66	19.20%	$27.48	2.64	22.45%	$30.62	2.67
Radiology	18.27%	$68.09	1.74	20.72%	$61.27	1.63	26.12%	$60.30	1.65	30.94%	$63.13	1.71
CAT Scans	0.33%	$211.85	1.00	0.49%	$198.42	1.25	0.65%	$154.49	1.13	1.23%	$142.97	1.10
Ultrasound	4.32%	$71.10	1.12	5.69%	$67.45	1.05	8.18%	$66.09	1.02	9.81%	$67.65	1.04
Special Tests	8.64%	$25.01	1.12	9.53%	$26.84	1.14	15.86%	$25.64	1.20	18.04%	$25.32	1.19
POST-HOSP												
Total Part B	15.45%	$48.37		23.01%	$42.81		21.48%	$41.69		19.78%	$49.23	
Office Visits	8.97%	$18.78	1.11	10.80%	$21.06	1.16	10.44%	$20.64	1.13	10.82%	$21.23	1.09
Home Visits	0.83%	$42.20	1.00	0.29%	$31.42	1.33	0.33%	$33.65	1.25	0.31%	$34.16	1.06
SNF/NH Visits	1.00%	$33.85	2.00	1.61%	$36.31	1.47	1.93%	$35.10	1.42	1.19%	$31.29	1.38
ER Visits	0.17%	$5.00	1.00	0.93%	$30.45	1.11	1.40%	$28.04	1.04	1.25%	$30.14	1.04
Consults	0.17%	$60.00	1.00	0.49%	$70.70	1.10	0.18%	$67.14	1.00	0.47%	$71.19	1.08
Surgery	0.66%	$270.10	1.25	0.68%	$82.63	1.21	1.04%	$56.55	1.33	1.95%	$66.73	1.11
Anesthesia	0.17%	$148.70	1.00	0.10%	$272.65	1.00	0.08%	$192.13	2.00	0.05%	$110.47	1.00
Lab	4.98%	$12.32	1.77	6.99%	$18.27	2.09	7.37%	$17.10	2.15	8.20%	$19.74	2.19
Radiology	0.83%	$43.52	1.20	3.42%	$38.41	1.36	3.11%	$40.16	1.47	2.67%	$43.30	1.42
CAT Scans	0.00%	$0.00	0.00	0.07%	$202.63	1.33	0.16%	$126.81	1.25	0.16%	$102.89	1.11
Ultrasound	0.00%	$0.00	0.00	0.20%	$53.91	1.00	0.24%	$51.75	1.17	0.13%	$46.51	1.14
Special Tests	0.17%	$25.00	1.00	1.25%	$36.78	1.39	1.34%	$32.34	1.05	1.28%	$39.99	1.30

CHOLECYSTECTOMY
POSITIVE CASES
DRG 198

	PERIOD 1			PERIOD 2			PERIOD 3			PERIOD 4		
	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS	PCT	EXP	NOS
INPATIENT												
Length of Stay	100.00%	11.28		100.00%	8.94		100.00%	8.11		100.00%	7.70	
Total Part B	93.66%	$1,300.91		94.75%	$1,278.47		94.17%	$1,264.05		94.52%	$1,277.85	
Hospital Visits	58.95%	$188.89	8.79	49.38%	$153.02	6.03	48.14%	$141.44	5.15	46.36%	$129.66	4.46
ICU Visits	3.31%	$79.62	2.42	1.43%	$165.08	4.13	1.33%	$62.19	2.40	1.44%	$75.63	2.38
Consults	30.30%	$81.22	1.31	23.97%	$74.84	1.26	17.76%	$84.17	1.37	16.89%	$86.93	1.38
Surgery	88.98%	$838.51	1.27	90.93%	$869.17	1.21	90.72%	$866.73	1.20	90.84%	$881.43	1.18
Assistant Surgery	44.63%	$154.23		52.91%	$163.36		55.21%	$163.99		53.10%	$167.13	
Anesthesia	98.35%	$190.92		99.81%	$202.75		99.56%	$195.31		99.73%	$198.28	
Lab	28.10%	$71.86	8.62	65.04%	$33.93	1.17	77.47%	$34.38	1.16	80.05%	$36.80	1.18
Surgical Pathology	25.62%	$36.18	1.28	64.18%	$33.94	1.14	77.21%	$33.73	1.11	79.96%	$36.16	1.13
Radiology	76.86%	$105.33	4.01	80.71%	$63.73	2.76	81.71%	$53.46	2.35	81.31%	$55.70	2.31
CAT Scans	3.58%	$108.12	1.08	2.20%	$107.73	1.30	2.03%	$111.97	1.17	2.52%	$100.21	1.11
Ultrasound	26.17%	$65.37	1.27	19.96%	$44.10	1.10	19.08%	$41.87	1.05	18.33%	$45.23	1.07
Special Tests	49.04%	$25.47	1.83	43.27%	$16.61	1.49	53.18%	$14.15	1.33	48.97%	$16.24	1.35
Selected Cardiac	48.21%	$14.96	1.35	42.41%	$12.73	1.32	52.92%	$11.63	1.26	47.80%	$11.85	1.27
Part B NEC	9.64%	$78.73		4.97%	$70.98		4.95%	$31.40		3.68%	$105.39	
PRE-HOSP												
Total Part B	50.14%	$62.53		52.63%	$73.90		61.48%	$84.25		64.60%	$90.95	
Office Visits	25.34%	$23.54	1.21	29.23%	$24.56	1.20	32.60%	$25.67	1.20	34.50%	$27.73	1.24
Home Visits	0.28%	$25.30	1.00	0.10%	$20.70	1.00	0.00%	$0.00	0.00	0.09%	$30.00	1.00
SNF/NH Visits	0.28%	$35.00	1.00	0.29%	$34.23	1.00	0.09%	$13.50	1.00	0.00%	$0.00	0.00
ER Visits	8.54%	$34.21	1.07	8.50%	$33.80	1.08	9.36%	$32.85	1.09	11.41%	$36.82	1.17
Consults	2.75%	$53.27	1.00	2.96%	$46.79	1.00	2.74%	$45.66	1.00	3.41%	$49.91	1.00
Surgery	1.10%	$18.61	1.00	2.29%	$282.92	1.08	3.53%	$214.82	1.03	4.22%	$245.42	1.15
Anesthesia	0.00%	$0.00	0.00	0.29%	$186.53	1.00	0.00%	$0.00	0.00	0.18%	$148.25	1.00
Lab	13.77%	$21.82	2.14	12.70%	$24.64	2.32	19.70%	$25.92	2.55	21.29%	$28.92	2.46
Radiology	17.08%	$70.58	1.76	23.40%	$55.76	1.51	29.51%	$60.27	1.71	35.49%	$53.89	1.60
CAT Scans	0.83%	$158.00	1.00	0.38%	$147.20	1.25	0.80%	$116.76	1.11	0.90%	$108.37	1.00
Ultrasound	4.68%	$72.78	1.06	6.30%	$61.84	1.02	8.66%	$62.28	1.03	10.06%	$63.02	1.05
Special Tests	10.19%	$26.20	1.32	9.74%	$24.86	1.09	15.99%	$24.67	1.14	21.02%	$20.41	1.12
POST-HOSP												
Total Part B	15.43%	$31.01		14.71%	$56.13		13.07%	$39.03		11.95%	$44.30	
Office Visits	8.26%	$18.81	1.17	8.31%	$20.73	1.10	7.07%	$20.21	1.13	7.10%	$19.40	1.08
Home Visits	0.28%	$50.60	2.00	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.09%	$41.20	1.00
SNF/NH Visits	0.28%	$50.00	1.00	0.19%	$27.50	1.00	0.27%	$27.80	1.00	0.00%	$0.00	0.00
ER Visits	1.93%	$33.89	1.29	0.48%	$21.02	1.00	0.71%	$22.93	1.13	0.63%	$27.15	1.00
Consults	0.28%	$20.60	1.00	0.48%	$61.00	1.00	0.18%	$40.00	1.00	0.18%	$69.70	1.50
Surgery	0.55%	$26.30	1.00	1.15%	$263.91	1.00	0.44%	$210.60	1.20	1.17%	$67.06	1.08
Anesthesia	0.00%	$0.00	0.00	0.10%	$13.40	1.00	0.09%	$192.00	1.00	0.00%	$0.00	0.00
Lab	4.68%	$13.91	2.12	4.78%	$17.81	1.94	4.59%	$18.28	1.90	3.14%	$18.27	1.91
Radiology	1.10%	$29.95	1.25	1.43%	$81.53	1.60	1.59%	$39.21	1.33	1.44%	$42.19	1.56
CAT Scans	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.00%	$0.00	0.00	0.09%	$100.00	1.00
Ultrasound	0.00%	$0.00	0.00	0.19%	$96.50	1.00	0.09%	$143.30	1.00	0.00%	$0.00	0.00
Special Tests	0.28%	$7.10	1.00	0.57%	$31.45	1.00	0.71%	$20.21	1.00	0.54%	$63.33	1.33

APPENDIX E

t-STATISTICS

TABLE E-1

t-STATISTICS FOR CORONARY ARTERY DISEASE

	DEPENDENT VARIABLE					
INDEPENDENT VARIABLE	LOS	Number Episode Contacts	Episode Dollars	Episode Dollars Per Day	Inpatient Dollars Per Day	Episode Test Dollars
Intercept	-0.02	-4.14	-15.42	-11.19	-4.49	-1.74
PPS Program	-7.17	-6.81	-3.00	0.35	3.71	-6.52
Qtrs HOSP on PPS	-2.44	-5.57	-5.27	-1.98	0.83	-2.65
Qtrs HOSP on PPS Sqr	3.94	6.91	6.20	2.84	0.67	5.73
Age	7.15	7.12	1.08	-2.63	-5.06	-4.02
Race	-2.15	-0.36	-0.17	0.85	1.00	0.61
Sex	-5.77	-5.72	1.45	6.09	7.62	0.51
Medicare Status	-3.89	-4.05	-1.40	0.89	2.15	3.85
Discharge Status	6.81	15.83	18.09	18.34	29.53	8.94
No. of Diagnoses	10.90	18.40	12.72	4.64	-5.63	12.49
Lifethreatening	-3.15	-3.84	-1.60	-0.74	0.45	-0.78
DRG 106	57.14	55.46	276.11	233.90	107.02	56.79
DRG 107	26.00	7.24	167.77	170.73	93.15	11.99
DRG 124	11.68	13.12	34.99	40.53	33.78	23.45
DRG 125	-1.91	-6.57	35.56	49.59	61.32	14.32
DRG 132	2.52	3.96	2.85	3.68	2.22	0.02
DRG 133	1.58	2.63	4.15	3.62	1.95	3.10
Quarter	-1.78	0.18	0.72	0.60	-0.36	-1.75
Alabama	8.27	11.56	5.31	0.29	-4.38	0.31
Connecticut	7.80	9.44	0.33	-6.51	-7.54	-13.69
Wisconsin	5.14	3.22	-3.63	-6.57	-6.06	-4.58
Urban	2.47	-1.69	-7.58	-6.41	-6.38	-3.09
Residents/Beds	0.52	-13.14	-10.76	-9.98	-4.27	15.04
No. Beds	0.09	6.25	-1.96	-3.71	-3.94	-2.29
Occupancy	-0.79	-1.35	1.09	3.58	3.39	2.89
Voluntary	0.62	5.03	8.03	8.24	4.50	4.96
Proprietary	0.53	3.81	2.67	2.21	0.18	2.41
Longterm unit	1.84	4.29	7.45	5.63	3.03	-1.10
Per Capita Income	-2.73	-1.94	-5.36	-4.58	-3.35	-2.24
Beneficiaries/Pop	-0.17	-0.79	-1.91	-3.48	-3.22	-2.83
Physicians/Pop	2.30	1.54	1.18	2.35	2.70	9.64
HMO Enroll/Pop	-1.52	1.23	8.55	8.08	8.27	0.96
Nursing beds/Pop	-0.28	2.08	3.11	2.18	0.94	1.53
Cost of Living	1.79	5.77	15.27	13.89	8.24	8.31
MD Cost	0.57	2.40	2.73	0.39	1.12	-6.42
Fees	0.36	-1.70	3.07	3.88	1.89	4.14

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE E-2

t-STATISTICS FOR STROKES

	DEPENDENT VARIABLE					
INDEPENDENT VARIABLE	LOS	Number Episode Contacts	Episode Dollars	Episode Dollars Per Day	Inpatient Dollars Per Day	Episode Test Dollar
Intercept	-0.60		-9.65	-6.24	1.79	2.45
PPS Program	-7.72	-5.50	-4.68	-1.96	2.28	-2.55
Qtrs HOSP on PPS	-4.57	-6.83	-4.71	-1.28	0.14	-2.99
Qtrs HOSP on PPS Sqr	5.55	6.18	5.29	1.59	-2.04	2.03
Age	2.25	-3.01	-18.37	-26.44	-26.80	-28.50
Race	-2.98	1.19	3.21	6.20	8.41	5.03
Sex	-3.46	0.32	4.86	9.11	9.31	5.25
Medicare Status	0.58	1.81	5.08	6.94	7.29	8.00
Discharge Status	-14.44	-15.02	-12.69	-9.52	7.30	-13.65
No. of Diagnoses	15.18	19.77	12.94	2.85	-15.84	-2.46
Lifethreatening	-1.74	-1.46	6.37	12.06	16.63	12.95
DRG 14	36.88	39.30	20.41	-2.28	-34.01	-10.88
Quarter	-2.27	0.04	0.86	2.18	4.24	4.85
Alabama	2.95	8.38	10.37	11.24	5.22	6.44
Connecticut	4.09	3.33	-7.15	-10.80	-11.38	-11.65
Wisconsin	4.16	7.29	5.39	4.24	0.59	-1.04
Urban	2.07	-1.81	-3.55	-5.06	-5.10	-4.87
Residents/Beds	3.33	-5.15	-2.06	-6.00	-6.09	2.53
No. Beds	4.02	7.17	7.73	7.45	6.75	7.67
Occupancy	2.80	5.77	9.71	10.42	8.76	11.12
Voluntary	-0.30	-0.94	1.06	3.17	2.88	2.51
Proprietary	0.41	1.65	3.90	4.98	1.71	3.16
Longterm unit	0.93	0.79	1.06	0.51	-0.05	-1.32
Per Capita Income	1.00	2.96	1.42	0.83	0.85	-1.33
Beneficiaries/Pop	1.87	-0.31	-3.37	-6.19	-8.37	-6.22
Physicians/Pop	-0.05	3.25	9.78	12.93	9.69	14.75
HMO Enroll/Pop	-0.26	1.30	1.47	2.08	3.03	-0.03
Nursing beds/Pop	-2.42	-1.39	0.15	1.41	3.33	2.32
Cost of Living	1.40	2.92	6.60	6.61	2.31	4.23
MD Cost	-0.63	-0.06	3.10	3.92	2.84	3.04
Fees	0.89	1.66	10.07	11.59	9.89	2.61

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE E-3

t-STATISTICS FOR CHOLECYSTECTOMIES

	DEPENDENT VARIABLE					
INDEPENDENT VARIABLES	LOS	Number Episode Contacts	Episode Dollars	Episode Dollars Per Day	Inpatient Dollars Per Day	Episode Test Dollars
Intercept	-0.96	-5.35	-7.71	-3.89	0.97	-5.26
PPS Program	-3.20	-3.79	-2.95	-0.53	1.91	-5.58
Qtrs HOSP on PPS	-1.18	-1.40	-2.03	-1.57	-0.48	-0.86
Qtrs HOSP on PPS Sqr	1.96	1.88	1.45	0.52	-1.30	1.71
Age	7.02	7.72	5.67	0.08	-5.48	4.04
Race	-0.48	0.06	0.72	1.46	1.63	-0.96
Sex	1.97	4.34	7.09	5.97	3.49	8.05
Medicare Status	-2.81	-3.71	-1.31	0.93	2.63	0.34
Discharge Status	4.33	11.14	14.04	11.26	12.79	10.18
No. of Diagnoses	8.26	13.53	11.59	4.46	-5.83	9.92
Lifethreatening	3.38	7.24	6.90	4.25	1.49	4.36
DRG 195	7.64	6.60	12.51	8.54	-0.42	8.99
DRG 196	3.32	2.12	6.35	4.19	-0.69	5.35
DRG 197	1.50	0.43	-0.88	-1.59	-2.88	0.17
Quarter	-2.08	-1.23	0.87	2.78	4.23	1.05
Alabama	5.61	9.44	5.93	1.08	-5.99	2.53
Connecticut	2.95	3.68	-0.17	-3.52	-6.73	-5.49
Wisconsin	2.75	4.12	2.64	-0.75	-4.92	0.82
Urban	1.27	2.43	-2.00	-4.64	-4.49	-2.87
Residents/Beds	0.30	-4.34	-2.54	-3.11	-2.18	2.09
No. Beds	0.39	2.50	0.73	-0.29	-1.66	1.03
Occupancy	1.71	2.25	4.61	4.40	3.19	4.90
Voluntary	-1.44	0.62	-0.15	0.34	-0.60	-0.33
Proprietary	-0.70	2.14	1.94	2.70	2.17	1.09
Longterm unit	-0.26	0.06	0.94	0.29	-0.80	0.58
Per Capita Income	0.87	1.85	2.11	2.32	2.03	0.53
Beneficiaries/Pop	2.06	0.99	-1.94	-3.22	-1.77	-1.27
Physicians/Pop	-1.91	-0.35	2.66	4.81	4.81	5.83
HMO Enroll/Pop	0.57	-0.93	0.71	1.66	1.58	-1.40
Nursing beds/Pop	-0.88	-1.36	0.05	0.33	-0.22	-0.14
Cost of Living	-0.92	1.04	4.06	4.81	4.03	3.18
MD Cost	0.35	-0.18	1.28	1.14	0.71	0.32
Fees	-0.92	0.87	5.04	4.91	2.61	1.38

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

APPENDIX F

ADDITIONAL REGRESSION RESULTS

TABLE F-1

REGRESSION RESULTS FOR CORONARY ARTERY DISEASE

	DEPENDENT VARIABLE					
	INPATIENT DOLLARS		INPATIENT TESTS		INPATIENT CONTACTS	
INDEPENDENT VARIABLE	Coefficient	t-Ratio	Coefficient	t-Ratio	Coefficient	t-Ratio
Intercept	-2430.26	-15.89	-105.84	-3.93	-7.60	-5.43
PPS Program	-72.56	-3.07	-30.23	-7.26	-1.52	-7.01
Qtrs HOSP on PPS	-45.82	-5.58	-4.19	-2.90	-0.42	-5.54
Qtrs HOSP on PPS Sqr	3.10	6.83	0.51	6.43	0.03	6.85
Age	0.97	1.13	-0.33	-2.21	0.06	7.55
Race	-14.72	-0.66	1.08	0.27	-0.08	-0.39
Sex	12.31	1.08	-2.35	-1.18	-0.60	-5.76
Medicare Status	-37.16	-1.76	5.22	1.40	-0.86	-4.42
Discharge Status	752.28	19.09	76.90	11.08	6.10	16.91
No. of Diagnoses	58.95	13.37	11.36	14.62	0.75	18.48
Lifethreatening	-50.00	-1.87	-6.40	-1.36	-0.91	-3.71
DRG 106	6165.00	282.00	223.40	58.00	11.40	56.95
DRG 107	4562.26	172.59	68.72	14.76	2.36	9.74
DRG 124	802.80	34.39	91.91	22.35	2.89	13.52
DRG 125	652.20	35.10	38.02	11.62	-0.93	-5.46
DRG 132	52.11	2.76	-2.00	-0.60	0.74	4.29
DRG 133	144.80	4.06	17.73	2.82	1.03	3.14
Quarter	0.72	0.13	-3.11	-3.13	-0.00	-0.09
Alabama	176.01	5.95	18.71	3.59	3.38	12.47
Connecticut	48.86	1.34	-75.64	-11.77	3.55	10.63
Wisconsin	-113.76	-3.23	-17.51	-2.82	1.15	3.55
Urban	-167.14	-7.56	-6.19	-1.59	-0.29	-1.44
Residents/Beds	-868.25	-10.78	235.58	16.60	-9.74	-13.21
No. Beds	-6.83	-1.51	-1.34	-1.68	2.78	6.74
Occupancy	0.55	0.88	0.25	2.31	-0.01	-1.58
Voluntary	137.93	7.80	11.76	3.78	0.78	4.83
Proprietary	60.19	2.41	5.32	1.21	0.81	3.53
Longterm unit	163.43	7.24	-7.16	-1.80	0.86	4.16
Per Capita Income	-25.41	-5.62	-2.78	-3.49	-0.10	-2.39
Beneficiaries/Pop	-6.00	-1.56	-1.14	-1.68	-0.02	-0.62
Physicians/Pop	32.36	0.30	136.37	7.25	1.05	1.07
HMO Enroll/Pop	7.51	9.36	0.24	1.73	0.01	1.18
Nursing beds/Pop	109.41	3.51	8.96	1.63	0.63	2.22
Cost of Living	1968.36	15.61	223.22	10.05	7.20	6.24
MD Cost	335.10	2.97	-124.38	-6.25	2.60	2.52
Fees	292.64	2.86	71.71	3.98	-1.38	-1.47
N	29636		29636		29636	
R^2	0.82		0.22		0.19	

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE F-2

REGRESSION RESULTS FOR STROKE

	DEPENDENT VARIABLE					
	INPATIENT DOLLARS		INPATIENT TESTS		INPATIENT CONTACTS	
INDEPENDENT VARIABLE	Coefficient	t-Ratio	Coefficient	t-Ratio	Coefficient	t-Ratio
Intercept	-667.20	-9.36	15.63	0.53	-7.38	-3.90
PPS Program	-48.67	-4.41	-9.48	-2.08	-1.67	-5.71
Qtrs HOSP on PPS	-22.20	-5.80	-5.65	-3.58	-.70	-6.87
Qtrs HOSP on PPS Sqr	1.32	6.20	0.28	3.22	0.04	6.21
Age	-5.67	-16.64	-3.67	-26.10	-0.02	-2.36
Race	28.76	3.15	17.05	4.53	0.28	1.16
Sex	18.68	3.53	8.81	4.03	-0.00	-0.01
Medicare Status	59.14	4.24	40.42	7.02	0.51	1.38
Discharge Status	-91.94	-10.89	-43.14	-12.38	-3.08	-13.73
No. of Diagnoses	29.57	14.33	-0.54	-0.64	1.09	19.92
Lifethreatening	31.89	5.38	28.76	11.75	-.27	-1.69
DRG 14	120.43	21.08	-21.27	-9.02	6.03	39.75
Quarter	1.59	0.60	3.82	3.48	-0.01	-0.18
Alabama	155.36	11.21	54.29	9.49	3.13	8.49
Connecticut	-89.77	-5.32	-76.19	-10.93	1.93	4.29
Wisconsin	100.13	6.23	-1.51	-0.23	3.12	7.32
Urban	-22.55	-2.23	-14.17	-3.40	-0.34	-1.26
Residents/Beds	-129.53	-2.67	45.57	2.27	-6.86	-5.32
No. Beds	19.70	8.89	8.19	8.96	0.45	7.71
Occupancy	2.63	9.42	1.28	11.12	0.04	5.36
Voluntary	8.66	1.02	11.96	3.40	-0.26	-1.14
Proprietary	39.83	3.31	13.64	2.75	0.44	1.36
Longterm unit	12.04	1.18	-6.55	-1.55	0.18	0.65
Per Capita Income	3.79	1.87	1.21	-1.45	0.17	3.10
Beneficiaries/Pop	-6.99	-4.10	-4.66	-6.63	-0.01	-0.28
Physicians/Pop	417.42	8.75	252.36	12.81	3.45	2.72
HMO Enroll/Pop	0.31	0.85	0.12	0.76	0.01	0.94
Nursing beds/Pop	6.79	0.52	18.12	3.39	-0.51	-1.49
Cost of Living	374.01	6.34	127.79	5.25	4.49	2.86
MD Cost	96.95	1.85	45.05	2.08	-.64	-0.46
Fees	464.09	9.91	62.35	3.23	2.09	1.68
N	21819		21819		21819	
R^2	0.16		0.16		0.14	

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

TABLE F-3

REGRESSION RESULTS FOR CHOLECYSTECTOMIES

	DEPENDENT VARIABLE					
	INPATIENT DOLLARS		INPATIENT TESTS		INPATIENT CONTACTS	
INDEPENDENT VARIABLE	Coefficient	t-Ratio	Coefficient	t-Ratio	Coefficient	t-Ratio
Intercept	1783.66	7.82	-296.47	-6.53	-16.89	-5.46
PPS Program	-99.66	-2.79	-39.70	-5.59	-1.82	-3.76
Qtrs HOSP on PPS	-26.64	-2.14	-3.70	-1.49	-0.26	-1.53
Qtrs HOSP on PPS Sqr	0.94	1.37	0.28	2.03	0.02	1.92
Age	7.71	5.92	1.33	5.14	0.13	7.60
Race	15.73	0.45	-10.59	-1.51	0.04	0.08
Sex	120.98	7.02	29.76	8.68	0.97	4.16
Medicare Status	-60.11	-1.57	-6.14	-.81	-1.84	-3.55
Discharge Status	842.06	14.46	132.90	11.47	9.11	11.54
No. of Diagnoses	83.12	11.58	15.35	10.75	1.31	13.49
Lifethreatening	151.19	7.00	19.27	4.49	2.07	7.06
DRG 195	393.35	12.45	53.02	8.44	2.70	6.32
DRG 196	388.79	6.35	66.59	5.47	1.61	1.94
DRG 197	-26.20	-1.02	-0.23	-0.05	0.13	.36
Quarter	5.76	0.67	1.22	0.71	-0.15	-1.31
Alabama	273.25	6.13	39.11	4.41	5.57	9.23
Connecticut	11.35	0.21	-44.87	-4.11	2.81	3.79
Wisconsin	139.14	2.64	14.41	1.38	2.77	3.88
Urban	-35.90	-1.11	-0.82	-.13	1.24	2.84
Residents/Beds	-486.27	-2.90	57.64	1.73	-9.86	-4.34
No. Beds	4.98	0.71	1.61	1.15	0.24	2.55
Occupancy	4.39	4.62	0.87	4.62	0.03	2.19
Voluntary	-5.31	-0.19	-2.77	-.49	0.26	0.67
Proprietary	80.37	2.01	11.99	1.51	1.12	2.07
Longterm unit	27.80	0.81	2.16	0.32	-0.02	-0.04
Per Capita Income	14.39	2.21	0.19	0.15	0.16	1.86
Beneficiaries/Pop	-8.92	-1.55	0.32	0.28	0.09	1.10
Physicians/Pop	288.64	1.91	89.03	2.96	-1.20	-0.59
HMO Enroll/Pop	0.64	0.55	-0.16	-0.70	-0.02	-1.06
Nursing beds/Pop	0.07	0.16	1.76	0.19	-0.82	-1.33
Cost of Living	781.63	4.18	131.44	3.53	2.92	1.15
MD Cost	177.46	1.05	0.95	0.03	-0.78	-0.34
Fees	759.27	4.93	51.56	1.68	1.78	0.85
N	6446		6446		6446	
R^2	0.25		0.16		0.18	

Source: Medicare Part B claims for Alabama, Connecticut, Washington, and Wisconsin.

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16. Abstract (Limit: 200 words)

This study analyzed the impact of Medicare's hospital prospective payment system (PPS) on Medicare physician expenditures and utilization associated with hospital admissions. In addition to the admission itself, the study also looks at expenditures and utilization during the seven days before and after the hospital stay. Two types of analyses are presented: (1) a detailed description of time trends of Part B expenditures and utilization associated with hospital admissions, and (2) a multivariate analysis in which factors other than PPS which affect expenditures and utilization are held constant in order to isolate the impacts of PPS.

The study is based on merged Part A and Part B claims for 1983-1986 for four States: Alabama, Connecticut, Washington, and Wisconsin. The study focused on eleven groups of diagnosis related groups. Descriptive findings indicated that both inpatient and outpatient spending associated with admissions rose during the study period. However, the authors indicate that multivariate findings suggest that PPS has generally reduced hospital episode expenditures between 10% and 20% per year and reduced lengths of stay over 15% per year relative to what they would have been without the PPS program.

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June 29, 1989

Mr. Terrance Kay
HCFA-ORD
Oak Meadows Building
Room 2-B-14
6325 Security Boulevard
Baltimore, MD 21207

Dear Terry:

Enclosed are three copies of the final report, Impact of PPS on Medicare Part B Expenditures and Utilization Associated with Hospital Admissions. I have expanded parts of the report to respond to the comments you sent me as follows:

(1)	definition of the hospital episode	Sections 2.4.1 and 3.4.1
(2)	different conclusions from descriptive and multivariate analyses	p. 1-10 and Section 4.3.1
(3)	implications of the study for Part A spending	p. 1-2
(4)	definition of analytic periods	p. 1-6
(5)	data cleaning	p. 2-20
(6)	why we didn't use a Tobit model	p. 4-2

I will send information on the construction of the Medicare Fee Index next week.

If you have any further questions about the report, please call.

Sincerely,

Terri Menke

Terri Menke, Ph.D.
Senior Economist

Enclosures